

TITLE 9. HEALTH SERVICES**CHAPTER 20. DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH SERVICE AGENCIES: LICENSURE**

The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-3).

New Title 9, Chapter 20 was adopted and amended by the Department of Health Services pursuant to an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Laws 1992, Ch. 301, § 61). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department was not required to hold public hearings on these rules; and the Attorney General has not certified these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

Former Title 9, Chapter 20 renumbered and repealed as follows: Article 1 renumbered to Title 18, Chapter 7, Article 1; Article 2, consisting of Sections R9-20-201 through R9-20-226, repealed effective September 27, 1989 (Supp. 89-3); Article 3 was reserved; Article 4 renumbered to Title 18, Chapter 9, Article 7; and Article 5 renumbered to Title 18, Chapter 4, Article 1.

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 R9-20-B1909. Repealed

ARTICLE 1. GENERAL

R9-20-101. Definitions

The following definitions apply in this Chapter unless otherwise specified:

1. "Abuse" means:
 - a. For an adult:
 - i. The intentional infliction of physical harm or allowing another individual to inflict physical harm;
 - ii. Causing injury by negligent acts or omissions;
 - iii. Unreasonable or unlawful confinement;
 - iv. Sexual abuse, sexual assault, sexual misconduct, molestation, incest or prostitution;
 - v. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client; or
 - vi. Pharmacological abuse; or
 - b. For a child:
 - i. The infliction of, or allowing another individual to inflict, physical harm;
 - ii. Causing injury or impairment of bodily functions by negligent acts or omissions;
 - iii. A pattern of ridiculing or demeaning, making derogatory remarks to, verbally harassing, or threatening to inflict physical harm on a client;
 - iv. Inflicting or allowing another to inflict sexual misconduct, sexual assault, molestation of a child, commercial sexual exploitation of a minor, incest, or child prostitution; or
 - v. Pharmacological abuse.
2. "Administrative office" means a designated area in a building used for operating an agency that is at a separate location from the agency's premises.
3. "Administrator" means an individual designated according to R9-20-201(A)(5).
4. "Admission" means the written acceptance by an agency to provide behavioral health services to an individual.
5. "Adult" means an individual 18 years of age or older.
6. "Adult therapeutic foster home" means an agency that provides behavioral health services and ancillary services to at least one and no more than three adults and where the clients live in the home with, and are integrated into the family of, the individuals providing behavioral health services to the clients.
7. "Agency" means a behavioral health service agency, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.
8. "Agent" means an adult who has been designated to act for a client who is an adult in a mental health care power of attorney completed by the client according to A.R.S. Title 36, Chapter 32, Article 6.
9. "Ancillary services" means items or activities that are not behavioral health services but are necessary to ensure a client's health, safety, and welfare, such as food, housing, laundry, or transportation.
10. "Assessment" means the collection and analysis of an individual's information required in R9-20-209 to determine the individual's treatment needs.
11. "Assistance in the self-administration of medication" means aid provided to a client in:
 - a. Storing the client's medication to facilitate compliance with subsections (A)(11)(b) through (e);
 - b. Reminding the client to take a medication;
 - c. Verifying that the medication is taken as directed by the client's medical practitioner by:
 - i. Confirming that a medication is being taken by the client for whom it is prescribed,
 - ii. Checking the dosage against the label on the container, and
 - iii. Confirming that the client is taking the medication as directed;
 - d. Opening a medication container; or
 - e. Observing the client while the client removes the medication from the container or takes the medication.
12. "Behavioral health issue" means an individual's condition related to a mental disorder, personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
13. "Behavioral health medical practitioner" means an individual licensed and authorized by law to use and prescribe medication and devices defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience:
 - a. A physician,
 - b. A physician assistant, or
 - c. A nurse practitioner.
14. "Behavioral health paraprofessional" means an individual who meets the applicable requirements in R9-20-204 and has:
 - a. An associate's degree,
 - b. A high school diploma, or
 - c. A high school equivalency diploma.
15. "Behavioral health professional" means an individual who meets the applicable requirements in R9-20-204 and is a:
 - a. Psychiatrist,
 - b. Behavioral health medical practitioner,
 - c. Psychologist,
 - d. Social worker,
 - e. Counselor,
 - f. Marriage and family therapist,
 - g. Substance abuse counselor, or
 - h. Registered nurse with at least one year of full-time behavioral health work experience.

16. "Behavioral health service" means the assessment, diagnosis, or treatment of an individual's behavioral health issue.
17. "Behavioral health technician" means an individual who meets the applicable requirements in R9-20-204 and:
 - a. Has a master's degree or bachelor's degree in a field related to behavioral health;
 - b. Is a registered nurse;
 - c. Is a physician assistant who is not working as a medical practitioner;
 - d. Has a bachelor's degree and at least one year of full-time behavioral health work experience;
 - e. Has an associate's degree and at least two years of full-time behavioral health work experience;
 - f. Has a high school diploma or high school equivalency diploma and:
 - i. 18 credit hours of post-high school education in a field related to behavioral health completed no more than four years before the date the individual begins providing behavioral health services and two years of full-time behavioral health work experience; or
 - ii. Four years of full-time behavioral health work experience; or
 - g. Is licensed as a practical nurse, according to A.R.S. Title 32, Chapter 15, with at least two years of full-time behavioral health work experience.
18. "Behavioral health work experience" means providing behavioral health services:
 - a. In an agency,
 - b. To an individual, or
 - c. In a field related to behavioral health.
19. "Branch office" means an agency's secondary facility that is open and functioning 20 or fewer hours each week and that provides counseling.
20. "Child" means an individual younger than 18 years of age.
21. "Client" means an individual who is accepted by an agency for the provision of behavioral health services.
22. "Client record" means the collected documentation of the behavioral health services provided to and the information gathered regarding a client, maintained as required in R9-20-211 or as otherwise provided in this Chapter.
23. "Clinical director" means an individual designated by the licensee according to R9-20-201(A)(6).
24. "Clinical supervision" means review of skills and knowledge and guidance in improving or developing skills and knowledge.
25. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
26. "Conspicuously posted" means displayed in a facility at a location that is accessible and visible to a client and the public.
27. "Contiguous grounds" means real property that can be enclosed by a single unbroken boundary line that does not enclose property owned or leased by another.
28. "Co-occurring disorder" means a combination of a mental disorder or a personality disorder and one or more of the following:
 - a. Substance abuse, or
 - A developmental disability.
29. "Correctional facility" has the same meaning as in A.R.S. § 31-341.
30. "Counseling" means the therapeutic interaction between a client, clients, or a client's family and a behavioral health professional or behavioral health technician intended to improve, eliminate, or manage one or more of a client's behavioral health issues and includes:
 - a. Individual counseling provided to a client,
 - b. Group counseling provided to more than one client or more than one family, or
 - c. Family counseling provided to a client or the client's family.
31. "Counselor" means:
 - a. Before July 1, 2004, an individual who is certified as an associate counselor or a professional counselor according to A.R.S. Title 32, Chapter 33, Article 6;
 - b. On or after July 1, 2004, an individual who is licensed as an associate counselor or professional counselor according to A.R.S. Title 32, Chapter 33;
 - c. Until October 3, 2003, an individual who is certified by the National Board of Certified Counselors; or
 - d. Until July 1, 2004, an individual who is licensed or certified to provide counseling by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a professional counselor or associate counselor according to A.R.S. Title 32, Chapter 33, Article 6; and
 - ii. Is certified as a professional counselor or associate counselor according to A.R.S. Title 32, Chapter 33, Article 6 within two years after submitting the application and before July 1, 2004.
32. "Court-ordered alcohol treatment" means detoxification services or treatment provided according to A.R.S. Title 36, Chapter 18, Article 2.
33. "Court-ordered alcohol treatment evaluation" has the same meaning as "evaluation" in A.R.S. § 36-2021.
34. "Court-ordered evaluation" or "evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
35. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
36. "CPR" means cardiopulmonary resuscitation.
37. "Crisis services" means immediate and unscheduled behavioral health services provided:
 - a. In response to an individual's behavioral health issue to prevent imminent harm or to stabilize or resolve an acute behavioral health issue; and
 - b. At a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency.
38. "Current" means up-to-date, extending to the present time.
39. "Custodian" means a person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of the juvenile court.
40. "Danger to others" means that the judgement of a person who has a mental disorder is so impaired that he is unable to understand his need for treatment and as a result of his mental disorder his continued behavior can reasonably be expected, on the basis of a competent medical opinion, to result in serious physical harm.
41. "Danger to self" means:
 - a. Behavior which, as a result of a mental disorder, constitutes a danger of inflicting serious physical harm upon oneself, including attempted suicide or the serious threat thereof, if the threat is such that, when considered in the light of its context and in light of the individual's previous acts, it is substantially supportive of an expectation that the threat will be carried out.

- b. Behavior which, as a result of a mental disorder, will, without hospitalization, result in serious physical harm or serious illness to the person, except that this definition shall not include behavior which establishes only the condition of gravely disabled.
- 42. “Day” means calendar day.
- 43. “Department” means the department of health services.
- 44. “Designated representative” means an individual identified in writing by a client or the client’s parent, guardian, or custodian to assist the client in protecting the client’s rights.
- 45. “Detoxification services” means behavioral health services and medical services provided:
 - a. To reduce or eliminate a client’s dependence on, or to provide treatment for a client’s signs and symptoms of withdrawal from, alcohol or other drugs; and
 - b. At a Level 1 psychiatric acute hospital or a Level 1 sub-acute agency.
- 46. “Diagnosis” means a determination and labeling of a client’s behavioral health issue according to the:
 - a. American Psychiatric Association, DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from American Psychiatric Press, Inc., Order Department, 1400 K Street, N.W., Suite 1101, Washington, DC 20005; or
 - b. National Center for Health Statistics, U.S. Department of Health and Human Services, ICD-9-CM: International Classification of Diseases, 9th Revision, Clinical Modification (5th ed. 2000), incorporated by reference and on file with the Department and the Office of the Secretary of State and including no future editions or amendments, available from Practice Management Information Corporation, 4727 Wilshire Boulevard, Suite 300, Los Angeles, CA 90010 and from the National Technical Information Service, 5285 Port Royal Road, Springfield, VA 22161.
- 47. “Discharge” means the written termination of a client’s affiliation with an agency, according to R9-20-210.
- 48. “Discharge summary” means an analysis of the treatment provided to a client and the client’s progress in treatment.
- 49. “Documentation” means written or electronic supportive evidence.
- 50. “Drug used as a restraint” means pharmacological restraint as used in A.R.S. § 36-513 that is not standard treatment for a client’s medical condition or behavioral health issue and is administered:
 - a. To manage a client’s behavior in a way that reduces the safety risk to the client or others, and
 - b. To temporarily restrict the client’s freedom of movement.
- 51. “DSM-IV” means DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (4th ed. 1994), incorporated by reference in subsection (46)(a).
- 52. “DUI client” means an individual who is ordered by the court to receive DUI screening, DUI education, or DUI treatment as a result of an arrest or conviction for a violation of A.R.S. §§ 28-1381, 28-1382, or 28-1383.
- 53. “DUI education” has the same meaning as “education” in A.R.S. § 28-1301(3).
- 54. “DUI screening” has the same meaning as “screening” in A.R.S. § 28-1301(6).
- 55. “DUI treatment” has the same meaning as “treatment” in A.R.S. § 28-1301(7).
- 56. “Emergency safety response” means physically holding a client to safely manage a sudden, intense, or out-of-control behavior to prevent harm to the client or another individual.
- 57. “Employee” means an individual who receives compensation from an agency for work performed, but who does not provide behavioral health services.
- 58. “Exploitation” means the illegal use of a client’s resources for another individual’s profit or advantage according to A.R.S. Title 46, Chapter 4 or Title 13, Chapter 18, 19, 20, or 21.
- 59. “Facilities” means buildings used by a health care institution for providing any of the types of services as defined in this Chapter.
- 60. “Family member” means:
 - a. A client’s parent, step-parent, foster parent, spouse, sibling, child, grandparent, grandchild, aunt, uncle, niece, nephew, or significant other; or
 - b. For pre-petition screening, court-ordered evaluation, or court-ordered treatment, the same as defined in A.R.S. § 36-501.
- 61. “Field related to behavioral health” means an academic discipline or area of study that explores human development, responses, or interactions, such as psychology or sociology.
- 62. “Full time” means 40 hours a week or more.
- 63. “General consent” means a written agreement for an individual to receive a behavioral health service signed by the individual or if applicable, the individual’s parent, guardian, custodian, or agent.
- 64. “General client supervision” means guidance of a client by a staff member and includes:
 - a. Being aware of a client’s general whereabouts;
 - b. Monitoring a client’s activities on the premises or on an agency-sponsored activity off the premises to ensure the health, safety, and welfare of the client; or
 - c. Interacting with a client to assist the client in achieving a treatment goal.
- 65. “Governing authority” means the individual, agency, group or corporation, appointed, elected or otherwise designated, in which the ultimate responsibility and authority for the conduct of the health care institution are vested.
- 66. “Gravely disabled” means a condition evidenced by behavior in which a person, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because he is unable to provide for his basic physical needs.
- 67. “Grievance” means a client’s documented expression of dissatisfaction to a licensee about an act, omission, or condition of the licensee’s agency.
- 68. “Guardian” means an individual or entity appointed to be responsible for the treatment or care of an individual according to A.R.S. Title 14, Chapter 5 or a similar provision in another state or jurisdiction.
- 69. “Hazard” means a condition or situation from which a client may suffer physical injury or illness.
- 70. “High school equivalency diploma” means:
 - a. The document issued by the Arizona Department of Education under A.R.S. § 15-702 to an individual who passes a general educational development test or meets the requirements of A.R.S. § 15-702(B);
 - b. The document issued by another state to an individual who passes a general educational development

- test or meets the requirements of a state statute equivalent to A.R.S. § 15-702(B); or
- c. The document issued by another country to an individual who has completed that country's equivalent to a 12th grade education, as determined by the Department.
71. "Immediate" means without delay.
 72. "Incident" means an occurrence or event that has the potential to cause harm or has caused harm to a client.
 73. "Informed consent" has the same meaning as in A.R.S. § 36-501.
 74. "Initial assessment" means the assessment of a client made by a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional between the client's first visit with the behavioral health professional or behavioral health technician and the completion of the initial treatment plan.
 75. "Initial treatment plan" means a document that identifies the behavioral health services and ancillary services an agency shall provide a client until the agency develops a treatment plan according to R9-20-209(J).
 76. "Inpatient treatment program" means a behavioral health service agency that:
 - a. Provides medical services and continuous onsite or on-call availability of a behavioral health medical practitioner,
 - b. Provides accommodations for a client to stay overnight at the agency, and
 - c. May provide restraint or seclusion.
 77. "Intern" means an individual who is enrolled in an academic program of a college or university and who provides behavioral health services at an agency as part of the academic program's requirements.
 78. "Level 1 psychiatric acute hospital" means an inpatient treatment program that:
 - a. Is located in a general hospital, rural general hospital, or special hospital licensed according to 9 A.A.C. 10, unless:
 - i. The agency was licensed as a Level 1 psychiatric acute care behavioral health facility before the effective date of this Chapter, and
 - ii. The agency does not receive Medicaid funds under Title XIX of the Social Security Act;
 - b. Has continuous onsite or on-call availability of a psychiatrist; and
 - c. Provides continuous treatment to an individual who is experiencing a behavioral health issue that causes the individual:
 - i. To be a danger to self, a danger to others, or gravely disabled; or
 - ii. To suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or the capacity to recognize reality.
 79. "Level 1 residential treatment center" means an inpatient treatment program that provides treatment to an individual under the age of 21 who needs inpatient psychiatric services.
 80. "Level 1 RTC" means a Level 1 residential treatment center.
 81. "Level 1 specialized transitional agency" means an agency that provides treatment to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
 82. "Level 1 sub-acute agency" means an inpatient treatment program that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual:
 - a. To have a limited or reduced ability to meet the individual's basic physical and age-appropriate needs;
 - b. To be a danger to self, a danger to others, or gravely disabled; or
 - c. To suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality.
 83. "Level 2 behavioral health residential agency" means a residential agency that provides:
 - a. Counseling;
 - b. Continuous onsite or on-call availability of a behavioral health professional; and
 - c. Continuous treatment to an individual who is experiencing a behavioral health issue that limits the individual's independence but who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs.
 84. "Level 3 behavioral health residential agency" means a residential agency that provides continuous protective oversight and treatment to an individual who is able to participate in all aspects of treatment and to meet the individual's basic physical and age-appropriate needs but who needs treatment to maintain or enhance independence.
 85. "Level 4 transitional agency" means an agency that provides accommodations where a client receives:
 - a. Support to assist the client in managing a crisis situation, or
 - b. An opportunity to enhance the client's independent living skills.
 86. "Level 4 transitional staff member" means an individual who meets the requirements in R9-20-1202(C) and who provides supportive intervention and general client supervision at a Level 4 transitional agency.
 87. "Licensed capacity" means the total number of persons for whom the health care institution is authorized by the Department to provide services as required pursuant to this Chapter if the person is expected to stay in the health care institution for more than twenty-four hours. For a hospital, licensed capacity means only those beds specified on the hospital license.
 88. "Licensee" means a person authorized by the Department to operate an agency.
 89. "Manager" means the individual who has the responsibility to operate according to the requirements in this Chapter:
 - a. A Level 4 transitional agency,
 - b. A shelter for victims of domestic violence,
 - c. A rural substance abuse transitional agency, or
 - d. An adult therapeutic foster home.
 90. "Marriage and family therapist" means:
 - a. Before July 1, 2004, an individual who is certified as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7;
 - b. On or after July 1, 2004, an individual who is licensed as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33;
 - c. Until October 3, 2003, an individual who is a clinical member of the American Association of Marriage and Family Therapy; or

- d. Until July 1, 2004, an individual who is licensed or certified to provide marriage and family therapy by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7; and
 - ii. Is certified as a marriage and family therapist or associate marriage and family therapist according to A.R.S. Title 32, Chapter 33, Article 7 within two years after submitting the application and before July 1, 2004.
- 91. "Mechanical restraint" means any device, article, or garment attached or adjacent to a client's body that the client cannot easily remove and that restricts the client's freedom of movement or normal access to the client's body but does not include a device, article, or garment:
 - a. Used for surgical or orthopedic purposes, or
 - b. Necessary to allow a client to heal from a medical condition or to participate in a treatment program for a medical condition.
- 92. "Medical emergency" means a situation that requires immediate medical intervention to prevent death, hospitalization, or serious physical harm.
- 93. "Medical practitioner" means a:
 - a. Physician,
 - b. Physician assistant, or
 - c. Nurse practitioner.
- 94. "Medical services" means the services pertaining to medical care that are performed at the direction of a physician on behalf of patients by physicians, dentists, nurses and other professional and technical personnel.
- 95. "Medication" means a prescription medication as defined in A.R.S. § 32-1901 or nonprescription drug, as defined in A.R.S. § 32-1901.
- 96. "Medication administration" means the provision or application of a medication to the body of a client by a medical practitioner or nurse or as otherwise provided by law.
- 97. "Medication adjustment" means a change made by a medical practitioner in the medication used to treat a client's behavioral health issue.
- 98. "Medication monitoring" means the determination, made by a medical practitioner or registered nurse, of whether a client's medication is achieving the desired effect.
- 99. "Medication organizer" means a container divided according to date or time increments and designated to hold medication.
- 100. "Medication services" means one or more of the following:
 - a. Medication administration,
 - b. Medication monitoring, or
 - c. Medication adjustment.
- 101. "Mental disorder" has the same meaning as in:
 - a. A.R.S. § 36-501; or
 - b. For an individual receiving treatment as a sexually violent person according to A.R.S. Title 36, Chapter 37, A.R.S. § 36-3701.
- 102. "Mental health care power of attorney" means a written designation of an agent to make mental health care decisions that meets the requirements of A.R.S. § 36-3281.
- 103. "Misdemeanor domestic violence offender treatment program" means a behavioral health service provided to an individual convicted of a misdemeanor domestic violence offense and ordered by a court to complete domestic violence offender treatment according to A.R.S. § 13-3601.01.
- 104. "Neglect" means a pattern of conduct resulting in deprivation of food, water, medication, treatment, medical services, shelter, cooling, heating, or ancillary services necessary to maintain minimum physical or behavioral health.
- 105. "NFPA" means National Fire Protection Association.
- 106. "Nurse" means an individual licensed as a registered nurse or a practical nurse according to A.R.S. Title 32, Chapter 15.
- 107. "Nurse practitioner" means an individual certified as a registered nurse practitioner according to A.R.S. Title 32, Chapter 15.
- 108. "Nursing assessment" means the collection of data on an individual's medical history and current physical health status and the analysis of that data performed by a registered nurse.
- 109. "OBHL" means the Department's Office of Behavioral Health Licensure.
- 110. "On-call" means the immediate availability of an individual in person, by telephone, or other electronic means.
- 111. "Opioid treatment" means dispensing a medication, medication administration, or other treatment that includes an opioid agonist treatment medication or other narcotic treatment medication approved by the Federal Government for the treatment of opiate addiction, to alleviate or eliminate an individual's dependence upon an opioid drug.
- 112. "Order" means an instruction to provide a behavioral health service or a medical service to a client.
- 113. "Orientation" means familiarizing an individual with a new setting or situation.
- 114. "Outing" means a planned activity sponsored by an agency that:
 - a. Occurs off the premises,
 - b. Is not part of the agency's regular program or daily routine, and
 - c. Lasts for more than four hours or occurs in a location where emergency medical services cannot be anticipated to respond within 12 minutes.
- 115. "Outpatient clinic" means an agency that provides treatment to a client for less than 24 consecutive hours and is not licensed as an agency subclass in R9-20-102(A)(2) through (11).
- 116. "Owner" means a person who appoints, elects, or otherwise designates a health care institution's governing authority.
- 117. "Partial care" means a day program that provides counseling or medication services at an outpatient clinic.
- 118. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
- 119. "Personal funds account" means client monies that are held and managed by a licensee according to the requirements in R9-20-403(C) and (D).
- 120. "Personal restraint" means the application of physical force without the use of any device, for the purpose of restricting the free movement of a client's body, but:
 - a. For a Level 1 RTC or a Level 1 sub acute agency, does not include:
 - i. Holding a client for no longer than five minutes, without undue force, in order to calm or comfort the client, or
 - ii. Holding a client's hand to safely escort the client from one area to another; and

- b. For a correctional facility, does not include physically holding a client by a security officer for purposes not related to a client's behavioral health issue.
- 121. "Personality disorder" means an enduring, pervasive, and lifelong pattern of behavior that deviates from the expectations of an individual's culture; leads to an individual's functional impairment and distress; and has been diagnosed by a behavioral health professional.
- 122. "Pharmacist" means an individual licensed according to A.R.S. Title 32, Chapter 18.
- 123. "Pharmacological abuse" means administration of medication:
 - a. For purposes of discipline, convenience, retaliation, or coercion; and
 - b. That is not required to treat a client's medical or behavioral health issue or for restraint.
- 124. "Physical examination" means the collection of data on an individual's medical history and current physical health and the analysis of the data by a medical practitioner.
- 125. "Physician" means an individual licensed according to A.R.S. Title 32, Chapter 13 or 17.
- 126. "Physician assistant" means an individual licensed according to A.R.S. Title 32, Chapter 25.
- 127. "Premises" means a licensed facility and the facility's contiguous grounds or a branch office where behavioral health services are provided.
- 128. "Prepetition screening" has the same meaning as in A.R.S. Title 36, Chapter 5.
- 129. "Presenting issue" means one or more behavioral health issues that are the reason for an individual's seeking or needing behavioral health services.
- 130. "PRN" means pro re nata or given as needed.
- 131. "Professionally recognized treatment" means a behavioral health service that is:
 - a. Supported by research results published in a nationally recognized journal, such as the Journal of the American Psychiatric Association, the Journal of the American Medical Association, or the Journal of Psychiatric Rehabilitation; or
 - b. A generally accepted practice as determined by a Department approved psychiatrist or psychologist.
- 132. "Progress note" means documentation of:
 - a. A behavioral health service or medical service provided to a client and the client's response that is observed,
 - b. A client's significant change in condition, or
 - c. Staff member observations of client behavior.
- 133. "Psychiatrist" has the same meaning as in A.R.S. § 36-501.
- 134. "Psychologist" means an individual licensed according to A.R.S. Title 32, Chapter 19.1.
- 135. "Referral" means assistance or direction provided to an individual to enable the individual to obtain information, behavioral health services, medical services, or ancillary services.
- 136. "Regional behavioral health authority" means an organization under contract with the Department to coordinate the delivery of mental health services in a geographically specific service area of the state for eligible persons.
- 137. "Registered nurse" means an individual licensed as a graduate nurse, professional nurse, or registered nurse according to A.R.S. Title 32, Chapter 15.
- 138. "Representative payee" means an individual or agency authorized by the Social Security Administration to receive and manage the money a client receives from the Social Security Administration.
- 139. "Research" means the systematic study of a field of knowledge.
- 140. "Residential agency" means a:
 - a. Level 2 behavioral health residential agency, or
 - b. Level 3 behavioral health residential agency.
- 141. "Respite" means short term behavioral health services or general client supervision that provides rest or relief to a family member or other individual caring for the client and that is provided in:
 - a. A Level 1 sub-acute agency;
 - b. A Level 1 RTC;
 - c. A Level 2 behavioral health residential agency;
 - d. A Level 3 behavioral health residential agency;
 - e. An adult therapeutic foster home;
 - f. A domestic violence shelter; or
 - g. If provided by an outpatient clinic, a client's residence.
- 142. "Restraint" means personal restraint, mechanical restraint, or drug used as a restraint.
- 143. "Rural substance abuse transitional center" means an agency, located in a county with a population of fewer than 500,000 individuals according to the most recent U.S. decennial census, that provides behavioral health services to an individual who is intoxicated or has a substance abuse problem.
- 144. "Seclusion" means the involuntary confinement of a client in a room or an area from which the client cannot leave, but does not include the confinement of a client in a correctional facility.
- 145. "Secure facility" means the premises or portion of the premises that is locked or from which a client cannot leave without a key, special knowledge, or special effort.
- 146. "Security officer" has the same meaning as "security guard" in A.R.S. § 32-2601(23).
- 147. "Seriously mentally ill" means persons, who as a result of a mental disorder as defined in A.R.S. § 36-501 exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
- 148. "Shelter for victims of domestic violence" or "shelter" means a facility providing temporary housing or facilities to family or household members who are victims of domestic violence.
- 149. "Significant change in condition" means a deterioration or improvement in a client's physical or behavioral health that may require a modification in the client's treatment.
- 150. "Significant other" means an individual whose participation the client considers to be essential to the effective provision of behavioral health services to the client.
- 151. "Social worker" means:
 - a. Before July 1, 2004, an individual who is certified as a baccalaureate social worker, master social worker, or independent social worker, according to A.R.S. Title 32, Chapter 33, Article 5;
 - b. On or after July 1, 2004, an individual who is licensed as a baccalaureate social worker, master social worker, or independent social worker, according to A.R.S. Title 32, Chapter 33;

- c. Until October 3, 2003, an individual who is certified by the National Association of Social Workers; or
 - d. Until July 1, 2004, an individual who is licensed or certified to practice social work by a government entity in another state if the individual:
 - i. Has documentation of submission of an application for certification as a baccalaureate social worker, master social worker, or independent social worker according to A.R.S. Title 32, Chapter 33, Article 5; and
 - ii. Is certified as a baccalaureate social worker, master social worker, or independent social worker according to A.R.S. Title 32, Chapter 33, Article 5 within two years after submitting the application and before July 1, 2004.
152. "Staff member" means an individual who is employed by or under contract with a licensee to provide behavioral health services to an agency client and who is a:
- a. Behavioral health professional,
 - b. Behavioral health technician, or
 - c. Behavioral health paraprofessional.
153. "Subclass" means a type of behavioral health service agency listed in R9-20-102(A).
154. "Substance abuse" means the misuse of alcohol or another chemical or drug that:
- a. Alters an individual's behavior or mental functioning;
 - b. May cause psychological or physiological dependence; and
 - c. Impairs, reduces, or destroys the individual's social or economic functioning.
155. "Substance abuse counselor" means:
- a. Before July 1, 2004, an individual who is certified as a substance abuse counselor according to A.R.S. Title 32, Chapter 33, Article 8;
 - b. On or after July 1, 2004, an individual who is licensed as a substance abuse counselor according to A.R.S. Title 32, Chapter 33, Article 8; or
 - c. An individual who is certified by the Arizona Board of Certified Addiction Counselors.
156. "Therapeutic diet" means one of the following ordered for an individual by a medical practitioner:
- a. Food, or
 - b. The manner in which food is to be prepared.
157. "Time out" means providing a client an opportunity to regain self-control in a designated area from which the client is not physically prevented from leaving.
158. "Transfer" means moving a client from one agency to another agency that assumes responsibility for the treatment of the client.
159. "Treatment" means:
- a. A professionally recognized treatment that is provided to a client or the client's family to improve, eliminate, or manage the client's behavioral health issue; or
 - b. For court-ordered alcohol treatment, the same as in A.R.S. § 36-2021.
160. "Treatment goal" means the desired result or outcome of treatment.
161. "Treatment method" means the specific approach used to achieve a treatment goal.
162. "Treatment plan" means a description of the specific behavioral health services that an agency will provide to a client that is documented in the client record.
163. "Volunteer" means an individual who provides a behavioral health service or ancillary service at an agency without compensation.
164. "Working day" means Monday, Tuesday, Wednesday, Thursday, or Friday, excluding state and federal holidays.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors corrected to definitions 18, 47, 61-64, and 67 pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-102. Agency Subclasses and Required and Authorized Services

- A.** A person may apply for an agency to be licensed in one or more of the following agency subclasses:
- 1. Outpatient clinic,
 - 2. Level 2 behavioral health residential agency,
 - 3. Level 3 behavioral health residential agency,
 - 4. Level 1 psychiatric acute hospital,
 - 5. Level 1 RTC,
 - 6. Level 1 sub-acute agency,
 - 7. Level 1 specialized transitional agency,
 - 8. Level 4 transitional agency,
 - 9. Shelter for victims of domestic violence,
 - 10. Rural substance abuse transitional agency, or
 - 11. Adult therapeutic foster home.
- B.** If an agency is licensed as:
- 1. An outpatient clinic, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2, and
 - iii. R9-20-301; and
 - b. Shall request authorization to provide one or more of the following:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303,
 - iii. Assistance in the self-administration of medication according to R9-20-408,
 - iv. Pre-petition screening according to R9-20-801,
 - v. Court-ordered evaluation according to R9-20-802,
 - vi. Court-ordered treatment according to R9-20-803,
 - vii. DUI screening according to R9-20-901 and R9-20-902,
 - viii. DUI education according to R9-20-901 and R9-20-903,
 - ix. DUI treatment according to R9-20-904,
 - x. Opioid treatment according to Article 10, or
 - xi. Misdemeanor domestic violence offender treatment according to Article 11;
 - c. If requesting authorization to provide opioid treatment according to Article 10, shall be certified by the Substance Abuse Mental Health Services Administration according to 42 CFR 8.11, incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no

- future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
2. A Level 2 behavioral health residential agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2,
 - iii. R9-20-401 through R9-20-407, and
 - iv. R9-20-409;
 - b. Shall provide:
 - i. Counseling according to R9-20-302, and
 - ii. Assistance in the self-administration of medication according to R9-20-408; and
 - c. May request authorization to provide:
 - i. Medication services according to R9-20-303,
 - ii. Pre-petition screening according to R9-20-801,
 - iii. Court-ordered evaluation according to R9-20-802, or
 - iv. Court-ordered treatment according to R9-20-803;
 3. A Level 3 behavioral health residential agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2,
 - iii. R9-20-401 through R9-20-407, and
 - iv. R9-20-410;
 - b. Shall provide assistance in the self-administration of medication according to R9-20-408; and
 - c. May request authorization to provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303,
 - iii. Pre-petition screening according to R9-20-801,
 - iv. Court-ordered evaluation according to R9-20-802, or
 - v. Court-ordered treatment according to R9-20-803;
 4. A Level 1 psychiatric acute hospital, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2,
 - iii. R9-20-501, and
 - iv. R9-20-502;
 - b. Shall provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303, and
 - c. May request authorization to provide:
 - i. Crisis services according to R9-20-503,
 - ii. Detoxification services according to R9-20-504,
 - iii. Pre-petition screening according to R9-20-801,
 - iv. Court-ordered evaluation according to R9-20-802,
 - v. Court-ordered treatment according to R9-20-803; or
 - vi. Restraint or seclusion according to Article 6;
 5. A Level 1 RTC, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2,
 - iii. R9-20-501, and
 - iv. R9-20-505;
 - b. Shall provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303, and
 - c. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408,
 - ii. Detoxification services according to R9-20-504,
 - iii. Pre-petition screening according to R9-20-801,
 - iv. Court-ordered evaluation according to R9-20-802,
 - v. Court-ordered treatment according to R9-20-803; or
 - vi. Restraint or seclusion according to Article 6;
 6. A Level 1 sub-acute agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. Article 2,
 - iii. R9-20-501, and
 - iv. R9-20-506;
 - b. Shall provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303, and
 - c. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408,
 - ii. Crisis services according to R9-20-503,
 - iii. Detoxification services according to R9-20-504,
 - iv. Restraint or seclusion according to Article 6,
 - v. Pre-petition screening according to R9-20-801,
 - vi. Court-ordered evaluation according to R9-20-802, or
 - vii. Court-ordered treatment according to R9-20-803;
 7. Level 1 specialized transitional agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1,
 - ii. R9-20-201,
 - iii. R9-20-202,
 - iv. R9-20-204 through R9-20-215,
 - v. R9-20-501, and
 - vi. Article 7;
 - b. Shall provide:
 - i. Counseling according to R9-20-302,
 - ii. Medication services according to R9-20-303, and
 - iii. Restraint or seclusion according to Article 6; and
 - c. May request authorization to provide assistance in the self-administration of medication according to R9-20-408;
 8. A Level 4 transitional agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 12; and
 - b. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408; or
 - ii. Counseling according to R9-20-302;
 9. A shelter for victims of domestic violence, the licensee of the agency:

- a. Shall comply with:
 - i. Article 1, and
 - ii. Article 13; and
 - b. May request authorization to provide:
 - i. Assistance in the self-administration of medication according to R9-20-408, or
 - ii. Counseling according to R9-20-302;
 - 10. A rural substance abuse transitional agency, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 14; and
 - b. May request authorization to provide:
 - i. Medication services according to R9-20-303, or
 - ii. Assistance in the self-administration of medication according to R9-20-408; and
 - 11. An adult therapeutic foster home, the licensee of the agency:
 - a. Shall comply with:
 - i. Article 1, and
 - ii. Article 15, and
 - b. May request authorization to provide assistance in the self-administration of medication according to R9-20-408.
 - C. A licensee shall only operate a subclass or provide a behavioral health service listed on the agency's license.
- Historical Note**
- Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).
- R9-20-103. Initial License Application**
- A.** According to A.R.S. § 36-422, a person applying for an initial license to operate an agency shall submit:
- 1. An application packet that includes:
 - a. A Department-provided application form signed according to A.R.S. § 36-422(B) and notarized that contains:
 - i. The name of the agency;
 - ii. The agency's street address, mailing address, telephone number and fax number;
 - iii. Whether the agency is operated as a proprietary or non-proprietary institution;
 - iv. The name of the owner;
 - v. The name and qualifications of the agency's chief administrative officer;
 - vi. The agency subclass or subclasses for which licensure is requested and if more than one subclass is requested, the location of each subclass on the premises;
 - vii. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has previously held a health care institution license in any state or jurisdiction;
 - viii. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had a health care institution license suspended, denied, or revoked in any state or jurisdiction;
 - ix. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had civil penalties assessed against a health care institution operated in any state by the person applying for a license or the owner;
 - x. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has had a professional or occupational license, other than a driver license, denied, revoked, or suspended in any state or jurisdiction; and
 - xi. Whether the person applying for a license or a person with a 10 percent or greater interest in the agency has been convicted, in any state or jurisdiction, of any felony or misdemeanor involving moral turpitude, including conviction for any crime involving abuse, neglect, or exploitation of another;
 - b. If the person applying for a license or a person with a 10 percent or greater interest in the agency answered yes to subsection (A)(1)(a)(vii), the health care institution's name, the license number, and the licensure dates on an attached sheet;
 - c. If the person applying for a license or a person with a 10 percent or greater interest in the agency answered yes to any of the questions in subsection (A)(1)(a)(viii) through (A)(1)(a)(xi), the details of each assessment of a civil penalty; each denial, suspension, or revocation; or each conviction on an attached sheet, including:
 - i. The type of action,
 - ii. The date of the action, and
 - iii. The name of the court or entity having jurisdiction over the action;
 - d. The name of the governing authority;
 - e. Owner information including:
 - i. The type of organization, if applicable;
 - ii. The owner's address;
 - iii. The name, title, and address of the owner's statutory agent, members of the board of directors, or of the individual designated by the owner to accept service of process and subpoenas; and
 - iv. A copy of the bylaws and articles of incorporation, partnership or joint venture documents, or limited liability company documents, if applicable;
 - f. The behavioral health services listed in R9-20-102 for which the agency is requesting authorization;
 - g. The population for whom the licensee intends to provide behavioral health services at the agency;
 - h. The requested licensed capacity for the agency, including:
 - i. The number of beds requested for individuals younger than 18 years of age, and
 - ii. The number of beds requested for individuals 18 years of age or older;
 - iii. The number of toilets, sinks, showers, and tubs at the agency;
 - i. A program description completed according to R9-20-201(A)(2);
 - j. A list of the agency's branch offices, including:
 - i. Each branch office's address,
 - ii. Each branch office's hours of operation, and

- iii. Each behavioral health service provided at each branch office;
 - k. A document issued by the local jurisdiction with authority certifying that the facility complies with all applicable local building codes;
 - l. A copy of a current fire inspection conducted by the local fire department or the Office of the State Fire Marshal, and any plan of correction in effect;
 - m. If the agency is required to have a food establishment license according to 9 A.A.C. 8, Article 1, a copy of the most recent food establishment inspection report for the agency and any plan of correction in effect;
 - n. Whether the licensee is requesting, for the agency, certification under Title XIX of the Social Security Act;
 - o. Whether the agency is accredited by a nationally recognized accreditation organization, and if so:
 - i. The name of nationally recognized accreditation organization that accredited the agency;
 - ii. If accredited by the Joint Commission on Accreditation of Health Care Organizations, whether the agency was accredited under the inpatient standards or community behavioral health standards;
 - iii. If the applicant is submitting an accreditation report in lieu of all licensing inspections conducted by the Department, a copy of the accreditation report;
 - iv. The dates of the accreditation period; and
 - v. If an agency is seeking licensure as a Level 1 RTC or a Level 1 sub-acute agency and the agency is also seeking Title XIX certification, whether the agency is accredited by the Joint Commission on Accreditation of Health Care Organizations, the Council on Accreditation for Children and Family Service, or the Commission on Accreditation of Rehabilitation Facilities;
 - p. Whether the agency has a contract with a:
 - i. Regional behavioral health authority and, if so, the name of the contracted regional behavioral health authority; and
 - ii. Government entity, such as the Administrative Office of the Courts, Department of Juvenile Justice, the Department of Economic Security, or a tribal government;
 - q. The name of each staff member, intern, or volunteer employed or under contract with the agency; whether each staff member is a behavioral health professional, behavioral health technician, or behavioral health paraprofessional; the professional or occupational license or certification number of each behavioral health professional; and the number on each staff member's fingerprint clearance card, if applicable;
 - r. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency; and
 - s. Whether the facility, or portion of the facility, used by clients is a secure facility and, if so:
 - i. The number of beds in the secure facility; and
 - ii. The number of beds in the secure facility that are designated for children and adults; and
2. The fees required in 9 A.A.C. 10, Article 1.

- B.** The Department shall approve or deny an application in this Section according to R9-20-105 and R9-20-108.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-104. License Renewal

- A.** To renew a license, a licensee shall submit the following information to the Department at least 60 days but not more than 120 days before the expiration date of the current license:
1. An application packet that includes the items in:
 - a. R9-20-103(A)(1)(a) through (A)(1)(e)(iii);
 - b. R9-20-103(A)(1)(f) through (A)(1)(j);
 - c. R9-20-103(A)(1)(l) through (A)(1)(s)
 - d. R9-20-103(A)(2); and
 - e. If a change has been made to an item in R9-20-103(A)(1)(e)(iv), each item in R9-20-103(A)(1)(e)(iv) to which a change has been made;
 - f. If a structural modification has been made to the building, R9-20-103(A)(1)(k);
 2. The fees required in 9 A.A.C. 10, Article 1.
- B.** Unless the licensee submits a copy of the agency's accreditation report from a nationally recognized accreditation organization, the Department shall conduct an onsite inspection of the agency to determine if the licensee and the agency are in substantial compliance with the applicable statutes and this Chapter.
- C.** The Department shall approve or deny a license renewal according to R9-20-105 and R9-20-108.
- D.** A renewal license remains in effect for:
1. One year, if the licensee is in substantial compliance with the applicable statutes and this Chapter, and the licensee agrees to implement a plan acceptable to the Department to eliminate any deficiencies;
 2. Two years, if the licensee has no deficiencies at the time of the Department's licensure inspection; or
 3. The duration of the accreditation period, if:
 - a. The licensee's agency is a hospital accredited by a nationally recognized accreditation organization, and
 - b. The licensee submits a copy of the hospital's accreditation report.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-105. Time-frames

- A.** The overall time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1. The person applying for a license or requesting approval and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25 percent of the overall time-frame.
- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1. The administrative completeness review time-frame begins on the date that the Department receives an application packet or request for approval.
1. If the application packet or request for approval is incomplete, the Department shall provide a written notice to the person applying for a license or requesting approval specifying the missing documents or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing documents or information.
 2. When an application packet or request for approval is complete, the Department shall provide a written notice of administrative completeness to the person applying for a license or requesting approval.
 3. The Department shall consider an application or request for approval withdrawn if the person applying for a license or requesting approval fails to supply the missing documents or information according to subsection (B)(1) within 120 days after the date of the written notice described in subsection (B)(1).
 4. If the Department issues a license or approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C.** The substantive review time-frame described in A.R.S. § 41-1072 for each license or approval issued by the Department according to this Chapter is listed in Table 1 and begins on the date of the notice of administrative completeness.
1. The Department may conduct an onsite inspection of the premises as part of the substantive review for an initial or renewal license application or a request for approval of a change affecting a license.
 2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the person applying for a license or requesting approval agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
 3. The Department shall send a license or a written notice of approval to a person applying for a license or requesting approval who is in substantial compliance with the applicable statutes and this Chapter and who agrees to carry out a plan of correction acceptable to the Department for any deficiencies.
 4. The Department shall send a written notice of denial according to A.R.S. § 41-1092.03 to a person applying for a license or requesting approval who does not:
 - a. Submit the information or documentation in subsection (C)(2) within 120 days after the Department's comprehensive written request or supplemental request; or
 - b. Substantially comply with the applicable statutes and this Chapter.
 5. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next business day to be the time-frame's last day.

Table 1. Time-frames (in days)

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Initial license R9-20-103	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180	30	150
Renewal license R9-20-104	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	180	30	150
Change affecting a license R9-20-106	A.R.S. §§ 36-405, 36-407, 36-422, 36-424, and 36-425	90	30	60

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error corrected; subsection (C) deleted, subsection (D) renumbered to subsection (C) pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-106. Changes Affecting a License

- A.** A licensee shall ensure that the Department is notified in writing at least 30 days before the effective date of a change in the name of:
1. The agency
 2. The licensee; or
 3. If the agency is an accredited agency and the agency has submitted the agency's current accreditation report, a:
 - a. Change or involuntary loss in the status of an agency's accreditation; or
 - b. Change in the date scheduled for an inspection of the agency by an accrediting entity.
- B.** A person shall submit an application for an initial license as required in R9-20-103 for a change in an agency's:
1. Owner,
 2. Address or location, or

3. Subclass.
- C. A licensee shall submit a request for approval of a change affecting a license to the Department at least 30 days before the date of an intended:
 1. Change in an agency's authorized services,
 2. Change in an agency's licensed capacity, or
 3. Expansion of an agency's premises,
- D. A request for approval of a change affecting a license shall include:
 1. The name of the licensee;
 2. The name of the agency;
 3. The agency's street address, mailing address, and telephone number;
 4. The agency's license number;
 5. The type of change intended;
 6. A narrative description of the intended change;
 7. A program description completed according to R9-20-201(A)(2) and including the intended change;
 8. For a change in authorized services, a list of the services that the licensee intends to add and delete;
 9. For a change in licensed capacity, a floor plan showing the following for each story of a facility:
 - a. Room layout;
 - b. Room usage;
 - c. The dimensions of each bedroom;
 - d. The number of beds to be placed in each bedroom;
 - e. The location of each window;
 - f. The location of each exit;
 - g. The location of each sink, toilet, and shower or bathtub to be used by clients; and
 - h. The location of each fire extinguisher and fire protection device; and
 10. For an expansion of an agency's premises, a floor plan completed according to subsection (D)(9) and a site plan showing the locations of the following on the expanded premises:
 - a. Buildings or other structures,
 - b. Property lines,
 - c. Streets,
 - d. Walkways,
 - e. Parking areas,
 - f. Fencing,
 - g. Gates, and
 - h. If applicable, swimming pools.
- E. The Department shall review a request for approval of a change affecting a license according to with R9-20-105. The Department may conduct an onsite inspection as part of the substantive review for a request for a change affecting a license.
 1. If the agency is in substantial compliance with the applicable statutes and this Chapter with the intended change, and the licensee agrees to carry out a plan of correction acceptable to the Department for any deficiencies, the Department shall send the licensee an amended license that incorporates the change but retains the expiration date of the current license.
 2. If the agency is not in substantial compliance with the applicable statutes and this Chapter with the intended change, the Department shall deny the request for approval.
- F. A licensee shall not implement any change described in this Section until the Department issues a changed license or a new license.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective

October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (A) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-107. Enforcement Actions

- A. If the Department determines that a person applying for a license or a licensee is not in substantial compliance with the applicable statutes and this Chapter, the Department may:
 1. Issue a provisional license to the person applying for a license or the licensee according to A.R.S. § 36-425,
 2. Assess a civil penalty according to A.R.S. § 36-431.01,
 3. Impose an intermediate sanction according to A.R.S. § 36-427,
 4. Remove a licensee and appoint temporary personnel to continue operation of the agency pending further action according to A.R.S. § 36-429,
 5. Suspend or revoke a license according to R9-20-108 and A.R.S. § 36-427,
 6. Deny a license according to R9-20-108, or
 7. Issue an injunction according to A.R.S. § 36-430.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider the threat to the health, safety, and welfare of an agency's clients based on the licensee's:
 1. Repeated violations of statutes or rules,
 2. Pattern of non-compliance,
 3. Type of violation,
 4. Severity of violation, and
 5. Number of violations.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-108. Denial, Revocation, or Suspension of a License

The Department may deny, revoke, or suspend a license to operate an agency if:

1. A person applying for a license, a licensee, or a person with a 10 percent or greater interest in the agency:
 - a. Provides false or misleading information to the Department;
 - b. Has had in any state or jurisdiction either of the following:
 - i. An application or license to operate an agency denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process according to a required time-frame; or
 - ii. A professional or occupational license or certificate denied, revoked, or suspended; or
 - c. Has operated a health care institution, within the ten years before the date of the license application, in violation of applicable statutes and endangering the health or safety of clients; or

2. A person applying for a license or a licensee:
 - a. Fails to substantially comply with an applicable statute or this Chapter; or
 - b. Substantially complies with the applicable statutes and this Chapter, but refuses to carry out a plan of correction acceptable to the Department for any deficiencies that are listed on the Department's statement of deficiency.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-109. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-110. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-111. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-112. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-113. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary

of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-114. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 2. UNIVERSAL RULES**R9-20-201. Administration**

- A. A licensee is responsible for the organization and management of an agency. A licensee shall:
 1. Ensure compliance with:
 - a. This Chapter and applicable federal, state, and local law;
 - b. If the agency provides a behavioral health service to an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, 9 A.A.C. 21; and
 - c. If the agency provides a behavioral health service to a child, A.R.S. § 36-425.03;
 2. For each subclass for which the licensee is licensed, adopt, maintain, and have available at the agency for public review, a current written program description that includes:
 - a. A description of the subclass;
 - b. Program goals;
 - c. A description of each behavioral health service listed in R9-20-102(B) that the agency provides;
 - d. If the agency is authorized to provide counseling:
 - i. Whether individual, family, or group counseling is provided;
 - ii. Whether counseling that addresses a specific type of behavioral health issue, such as substance abuse or a crisis situation, is provided; and
 - iii. The type and amount of counseling offered by the agency each week;
 - e. Each population served by the agency, such as children, adults age 65 or older, individuals who are seriously mentally ill, individuals who have substance abuse problems, or individuals who have co-occurring disorders;
 - f. The hours and days:
 - i. The agency's administrative offices are open, and
 - ii. Behavioral health services are available at the agency.
 - g. Whether the agency provides behavioral health services off the premises and, if so, the behavioral health services that are provided off the premises;
 - h. Criteria for:
 - i. Admitting and re-admitting an individual into the agency,
 - ii. Placing an individual on a waiting list,
 - iii. Referring an individual to another agency or entity,

- iv. Discharging a client, including an involuntary discharge;
 - v. Transferring a client, and
 - vi. Declining to provide behavioral health services or treatment to an individual;
 - i. The minimum qualifications, experience, training, and skills and knowledge specific to the behavioral health services the agency is authorized to provide and the populations served by the agency that staff members are required to possess;
 - j. Policies and procedures for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian;
 - k. The availability of behavioral health services for an individual who does not speak English;
 - l. The accommodations made to the premises for individuals with a mobility impairment, sensory impairment, or other physical disability;
 - m. If an outpatient clinic provides partial care, the days and times that counseling or medication services are available;
 - n. For an inpatient treatment program or a residential agency:
 - i. Whether the agency provides treatment in a secure facility,
 - ii. The client-to-staff ratios for day, evening, and night shifts, and
 - iii. Whether the agency chooses to manage client funds through a personal funds account; and
 - o. Whether the agency may use an emergency safety response;
 - 3. Approve, sign, and date initial and updated policies and procedures required by this Chapter;
 - 4. Establish minimum qualifications for an administrator;
 - 5. Designate an administrator who:
 - a. Meets the qualifications established by the licensee;
 - b. Has the authority and responsibility to operate the agency according to the requirements in this Chapter;
 - c. Has access to all areas of the premises; and
 - d. Appoints, in writing, a designee who meets the requirements in subsection (A)(5)(a) to act as the administrator when the administrator is not on the premises;
 - 6. Designate a clinical director who:
 - a. Oversees behavioral health services;
 - b. Is one of the following:
 - i. A behavioral health professional, or
 - ii. A behavioral health technician with a combination of full-time behavioral health work experience and post high school education in a field related to behavioral health totaling at least six years; and
 - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(5)(a) and (A)(6)(b);
 - 7. Notify the OBHL if the administrator or clinical director changes and provide to the OBHL, in writing, the new individual's name and qualifications within 30 days after the effective date of the change;
 - 8. Ensure that the Department is allowed immediate access to:
 - a. The premises, an administrative office, or a branch office; or
 - b. A client; and
 - 9. Ensure that a record, report, or document required to be maintained by this Chapter or federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
 - a. Two hours after the time of a request, for a current client;
 - b. Three working days after the time of a request, for a former client; or
 - c. Two hours after the time of a request for a record, report, or document that does not directly concern a client, such as a staffing schedule or a fire inspection report.
- B.** A licensee shall ensure that:
- 1. The administrator or clinical director develops, implements, and complies with policies and procedures that:
 - a. Ensure the health, safety, and welfare of a client on:
 - i. The premises,
 - ii. An agency-sponsored activity off the premises, and
 - iii. An outing;
 - b. Ensure that client records and information are maintained and protected according to R9-20-211;
 - c. Establish specific steps and deadlines for:
 - i. A client to file a grievance,
 - ii. The agency to respond to and resolve a client grievance; and
 - iii. The agency to obtain documentation of fingerprint clearance, if applicable;
 - d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;
 - e. Address whether pets and animals are allowed on the premises;
 - f. Require an agency that is involved in research to establish or use a Human Subject Review Committee;
 - g. Explain the process for receiving a fee from and refunding a fee to a client or a client's parent, guardian, or custodian;
 - h. For a residential agency or an inpatient treatment program:
 - i. Establish the process for obtaining client preferences for social, recreational, or rehabilitative activities and meals and snacks;
 - ii. Ensure the security of a client's possessions that are allowed on the premises;
 - iii. Address smoking and use of tobacco products on the premises;
 - iv. Address requirements regarding pets or animals on the premises; and
 - v. Ensure the safety of clients; and
 - i. Address how the agency will respond to a client's sudden, intense, or out of control behavior to prevent harm to the client or another individual;
 - 2. The clinical director develops, implements, and complies with policies and procedures that:
 - a. Establish minimum qualifications, duties, and responsibilities of staff members, interns, and volunteers;
 - b. Establish a process for determining whether a staff member has the qualifications, training, experience, and skills and knowledge necessary to provide the behavioral health services that the agency is authorized to provide and to meet the treatment needs of the populations served by the agency;

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- c. Establish a code of ethical conduct for staff members, interns, and volunteers and consequences for violating the code of ethical conduct;
 - d. Establish a process for orientation of staff members;
 - e. Ensure that staffing is provided according to the requirements in this Chapter;
 - f. Ensure that a staff member receives sufficient direction to perform the staff member's job duties;
 - g. Describe the processes for providing the behavioral health services listed in the program description required in R9-20-201(A)(2);
 - h. Establish the process for admitting a client;
 - i. Establish the process for providing a referral to a client;
 - j. Ensure a client's behavioral health services and ancillary services are to the extent permitted in R9-20-211(A)(3) and (B), coordinated with and communicated to:
 - i. A client;
 - ii. If applicable, the client's family member, guardian, custodian, designated representative, or agent;
 - iii. Other individuals, agencies, and entities involved in the provision of behavioral health services, medical services, or ancillary services to the client, such as a medical practitioner responsible for providing medical services to a client; and
 - iv. Other entities or agencies, including governmental entities or agencies such as the Department of Economic Security or a probation or parole entity, that provide services to the client;
 - k. Establish the process for developing and implementing a client's assessment and treatment plan;
 - l. Establish the processes for providing medication services to a client, if applicable;
 - m. Establish the process for transferring or discharging a client;
 - n. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat; and
 - o. For a residential agency or an inpatient treatment program:
 - i. Establish requirements regarding clients, staff members, and other individuals entering and exiting the premises;
 - ii. Establish guidelines for meeting the needs of an individual residing at an agency with a client, such as a child accompanying a parent in treatment, if applicable;
 - iii. Establish the process for responding to a client's need for immediate and unscheduled behavioral health services or medical emergency; and
 - iv. Establish criteria for determining when a client's absence is unauthorized including whether the client was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3, is absent against medical advice, or is under the age of 18;
 - 3. The administrator or clinical director reviews, approves and, if necessary, updates policies and procedures at least once every 24 months;
 - 4. When a policy or procedure is approved or updated, each staff member whose duties are impacted by the policy and procedure reviews the policy and procedure within 30 days after the policy and procedure is approved or updated; and
 - 5. A review and approval of a policy and procedure according to subsection (B)(3) is documented with the signature of the administrator or clinical director, and the documentation is maintained on the premises or at the administrative office.
- C. A licensee shall ensure that:
- 1. The following documents are maintained on the premises or at the administrative office:
 - a. The licensee's bylaws, if any;
 - b. A contractual agreement with another person to provide behavioral health services or ancillary services for a client as required in this Chapter, if any;
 - c. Documentation of ownership or control of the premises;
 - d. The licensee's organizational chart showing all staff member positions and the lines of supervision, authority, and accountability for the agency;
 - e. A list of the names of clients;
 - f. A list of the names of clients discharged within the past 12 months;
 - g. Reports of incidents required to be reported under R9-20-202;
 - h. Fire inspection reports required by this Chapter;
 - i. Documentation of fire drills required by R9-20-214(H); and
 - j. Food establishment inspection reports, if applicable;
 - 2. A current copy of each of the following documents is maintained on the premises and is available and accessible to a staff member or client or a client's family member, guardian, custodian, designated representative, or agent:
 - a. A policy and procedure required by this Chapter;
 - b. An inspection report prepared by the Department or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency;
 - c. Each plan of correction with the Department in effect within the past five years or, if the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
 - d. 9 A.A.C. 20;
 - e. If the agency provides behavioral health services to an individual enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, 9 A.A.C. 21;
 - f. A.R.S. Title 36, Chapters 4 and 5; and
 - g. The agency's refund policy and procedures; and
 - 3. The following information or documents are conspicuously posted on the premises and are available upon request to a staff member or client or a client's family member, guardian, custodian, designated representative, or agent:

- a. The client rights listed in R9-20-203, in English and Spanish;
 - b. If the agency provides behavioral health services to an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the client rights listed in 9 A.A.C. 21 that are required to be conspicuously posted;
 - c. The current telephone number and address of:
 - i. The OBHL;
 - ii. The Department's Division of Behavioral Health Services;
 - iii. Human rights advocates provided by the Department or the Department's designee;
 - iv. The Arizona Department of Economic Security Office of Adult Protective Services, if applicable;
 - v. The Arizona Department of Economic Security Office of Child Protective Services, if applicable; and
 - vi. The local office of the regional behavioral health authority, if applicable;
 - d. The location at which inspection reports required in subsection (C)(2)(b) to be on the premises of the agency are available for review or can be made available for review;
 - e. The licensee's grievance policy and procedure; and
 - f. For a residential agency or an inpatient treatment program, the days, times, and locations in the facility where a client may accept visitors and make telephone calls.
- D.** A licensee shall ensure that a staff member receives a written performance review at least once every 12 months that contains:
- 1. The name and title of the individual conducting the performance review; and
 - 2. The name, signature, and professional credential or job title of the staff member receiving the performance review and the date signed.
- E.** A licensee shall ensure that:
- 1. A client or, if applicable, a family member, guardian, custodian, designated representative, or agent receives written notice at least 30 days before the licensee changes a fee that a client is required to pay;
 - 2. The notice required in subsection (E)(1) is:
 - a. Conspicuously posted in the facility; and
 - b. Provided to a client or, if applicable, a family member, guardian, custodian, designated representative, or agent;
 - 3. Labor performed by a client for an agency is consistent with A.R.S. § 36-510 and applicable state and federal law;
 - 4. A client has privacy in treatment and is not fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37; or
 - c. For temporary video recordings used:
 - i. For security purposes, or
 - ii. As provided in R9-20-602(A)(5);
 - 5. A client who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
 - 6. The licensee obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a client who is a child; and
 - 7. A client who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled is assisted in enlisting a parent, guardian, family member, or agent to act upon the client's behalf.
- F.** A licensee shall ensure that research or treatment that is not a professionally recognized treatment is approved by a Human Subject Review Committee before a staff member, client, or client record is involved in the research or treatment. A licensee may establish and implement a Human Subject Review Committee or may use a Human Subject Review Committee established and implemented by the Department, a regional behavioral health authority, or a state university described in A.R.S. § 15-1601. A Human Subject Review Committee established and implemented by a licensee shall:
- 1. Establish criteria for the approval or disapproval of research or treatment;
 - 2. Protect, during each phase of research or treatment:
 - a. Client rights;
 - b. Client health, safety, and welfare;
 - c. Client privacy;
 - d. The confidentiality of client records and information; and
 - e. Client anonymity, if applicable;
 - 3. Ensure that oversight is provided by a medical practitioner, if research or treatment may impact a client's health or safety;
 - 4. Inform a client of:
 - a. The purpose, design, scope, and goals of the research or treatment;
 - b. The full extent of the client's role in the research or treatment;
 - c. Any risks to the client involved in the research or treatment; and
 - d. The client's right to privacy, confidentiality, and voluntary participation;
 - 5. Obtain documentation of a client's informed consent, completed as required by R9-20-208(E), before allowing a client to participate in research or treatment; and
 - 6. Review research or treatment requests and approve or deny requests.
- G.** A licensee shall ensure that if an individual arrives at an agency and requests a behavioral health service that the agency is unable to provide, the individual is provided a referral.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-202. Required Reports

- A.** A licensee shall:
- 1. Notify the OBHL within one working day of discovering that a client has experienced any of the following:
 - a. Death;
 - b. Any of the following that occurred on the premises or during a licensee-sponsored activity off the pre-

- mises that requires medical services or immediate intervention by an emergency response team or a medical practitioner:
- i. A medication error or an adverse reaction to a medication; or
 - ii. A suicide attempt or a self-inflicted injury;
- c. Suspected or alleged abuse, neglect, or exploitation of the client or a violation of the client's rights under R9-20-203(B) or (C);
 - d. Either of the following that requires medical services:
 - i. A physical injury that occurred on the premises or during a licensee-sponsored activity off the premises, or
 - ii. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
 - e. An unauthorized absence from a residential agency, an inpatient treatment program, a Level 4 transitional agency providing services to clients who are under the age of 18, or an adult therapeutic foster home; or
 - f. A physical injury that occurred as the result of a personal or mechanical restraint;
2. Document the initial notification required in subsection (A)(1) and maintain documentation of the notification on the premises or at the administrative office for at least 12 months after the date of the notification;
 3. Investigate an incident required to be reported according to subsection (A)(1) and develop a written incident report containing:
 - a. The agency name and license number;
 - b. The date and time of the incident;
 - c. Unless otherwise prohibited by law, the following information about each client involved in or affected by the incident:
 - i. Name;
 - ii. Date of admission;
 - iii. Age or date of birth;
 - iv. Current diagnosis, if the client has a diagnosis;
 - v. Description of the client's physical and behavioral health condition before the incident; and
 - vi. Description of the client's physical and behavioral health condition after the incident;
 - d. The location of the incident;
 - e. A description of the incident, including events leading up to the incident;
 - f. The names of individuals who observed the incident or, if disclosure of the names is prohibited by law, the agency's identifier code for the individuals who observed the incident;
 - g. A description of the action taken by the licensee, including a list of the individuals or entities notified by the licensee and the date and time of each notification;
 - h. If a medical practitioner was notified, a report of the medical practitioner's examination, finding, or order;
 - i. A description of the action taken by the licensee to prevent a similar incident from occurring in the future;
 - j. The signature and professional credential or job title of the individual or individuals preparing the written incident report and the signature and professional credential of the clinical director or the clinical director's designee indicating that the clinical director or the clinical director's designee reviewed the written incident report; and
 - k. The date the written incident report was signed;
 4. Submit the written incident report to the OBHL within five working days after the initial notification in subsection (A)(1); and
 5. Maintain a copy of the written incident report on the premises or at the administrative office for at least 12 months after the date of the written incident report.
- B. A licensee:**
1. Of a Level 1 psychiatric acute hospital that is certified under Title XIX of the Social Security Act, a Level 1 RTC, or a Level 1 sub-acute agency that is certified under Title XIX of the Social Security Act shall ensure that within one working day after a client's death, notification is submitted to the following entities:
 - a. The regional office of the Centers for Medicare and Medicaid Services;
 - b. The Arizona Center for Disability Law; and
 - c. The Arizona Health Care Cost Containment System;
 2. Of a Level 1 RTC or a Level 1 sub-acute agency that is certified under Title XIX of the Social Security Act shall ensure that within one working day after the occurrence of an incident listed in subsection (A)(1)(b), (A)(1)(c), or (A)(1)(d)(i), notification is submitted to the following entities:
 - a. The Arizona Center for Disability Law; and
 - b. The Arizona Health Care Cost Containment System; and
 3. Described in subsection (B)(1) or (B)(2) shall ensure that:
 - a. The notification includes:
 - i. Client identifying information that protects the confidentiality of the client involved;
 - ii. A description of the incident; and
 - iii. The name, street address, and telephone number of the agency; and
 - b. Documentation of the notification required in this subsection is maintained in the client's record.
- C. A licensee shall report suspected or alleged criminal activity that occurs on the premises or during a licensee-sponsored activity off the premises to the law enforcement agency having jurisdiction.**
- D. A licensee shall require that a staff member, employee, intern, or volunteer immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director or to the designee for either.**
- E. A licensee shall notify the OBHL within 24 hours after discovering that a client, staff member, or employee has a communicable disease listed in A.A.C. R9-6-202(A) or (B) and shall include in the notification the name of the communicable disease and the action taken by the licensee to protect the health and safety of clients, staff members, and employees, according to confidentiality requirements established by law or this Chapter.**
- Historical Note**
- New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).
- R9-20-203. Client Rights**
- A. A licensee shall ensure that:**
1. At the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent receive a written list and verbal explanation of:

- a. The client rights listed in subsection (B) and (C); and
 - b. If the client is an individual who is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, the rights contained in 9 A.A.C. 21;
- 2. A client or, if applicable, the client's parent, guardian, custodian, or agent acknowledges, in writing, receipt of the written list and verbal explanation required in subsection (A)(1); and
- 3. A client who does not speak English or who has a physical or other disability is assisted in becoming aware of client rights.
- B.** A licensee shall ensure that a client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514.
- C.** A client has the following rights:
 - 1. To be treated with dignity, respect, and consideration;
 - 2. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;
 - 3. To receive treatment that:
 - a. Supports and respects the client's individuality, choices, strengths, and abilities;
 - b. Supports the client's personal liberty and only restricts the client's personal liberty according to a court order; by the client's general consent; or as permitted in this Chapter; and
 - c. Is provided in the least restrictive environment that meets the client's treatment needs;
 - 4. Not to be prevented or impeded from exercising the client's civil rights unless the client has been adjudicated incompetent or a court of competent jurisdiction has found that the client is unable to exercise a specific right or category of rights;
 - 5. To submit grievances to agency staff members and complaints to outside entities and other individuals without constraint or retaliation;
 - 6. To have grievances considered by a licensee in a fair, timely, and impartial manner;
 - 7. To seek, speak to, and be assisted by legal counsel of the client's choice, at the client's expense;
 - 8. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights;
 - 9. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
 - 10. To have the client's information and records kept confidential and released only as permitted under R9-20-211(A)(3) and (B);
 - 11. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:
 - a. For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);
 - b. For a client receiving treatment according to A.R.S. Title 36, Chapter 37;
 - c. For video recordings used for security purposes that are maintained only on a temporary basis; or
 - d. As provided in R9-20-602(A)(5);
 - 12. To review, upon written request, the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
- 13. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - c. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
- 14. To be informed of all fees that the client is required to pay and of the agency's refund policies and procedures before receiving a behavioral health service, except for a behavioral health service provided to a client experiencing a crisis situation;
- 15. To receive a verbal explanation of the client's condition and a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
- 16. To be offered or referred for the treatment specified in the client's treatment plan;
- 17. To receive a referral to another agency if the agency is unable to provide a behavioral health service that the client requests or that is indicated in the client's treatment plan;
- 18. To give general consent and, if applicable, informed consent to treatment, refuse treatment or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512;
- 19. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation for submitting a complaint to the Department or another entity;
 - g. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the client's treatment needs, except as established in a fee agreement signed by the client or the client's parent, guardian, custodian, or agent;
 - h. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet; and
 - i. Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation;
- 20. To participate or, if applicable, to have the client's parent, guardian, custodian or agent participate in treatment decisions and in the development and periodic review and revision of the client's written treatment plan;

21. To control the client's own finances except as provided by A.R.S. § 36-507(5);
22. To participate or refuse to participate in religious activities;
23. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
24. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
25. To participate or refuse to participate in research or experimental treatment;
26. To give informed consent in writing, refuse to give informed consent, or withdraw informed consent to participate in research or in treatment that is not a professionally recognized treatment;
27. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
28. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility; and
29. If receiving treatment in a residential agency, an inpatient treatment program, a Level 4 transitional agency, or a domestic violence shelter:
 - a. If assigned to share a bedroom, to be assigned according to R9-20-405(F) and, if applicable, R9-20-404(A)(4)(a);
 - b. To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - c. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - d. To send and receive uncensored and unopened mail, unless restricted by court order or unless:
 - i. The medical director or clinical director determines and documents a specific treatment purpose that justifies restricting this right;
 - ii. The client is informed of the reason why this right is being restricted; and
 - iii. The client is informed of the client's right to file a grievance and the procedure for filing a grievance;
 - e. To maintain, display, and use personal belongings, including clothing, unless restricted by court order or according to A.R.S. § 36-507(5) and as documented in the client record;
 - f. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 - g. To be provided meals to meet the client's nutritional needs, with consideration for client preferences;
 - h. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and selected and owned by the client;
 - i. To be provided access to medical services, including family planning, to maintain the client's health, safety, or welfare;
 - j. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 - k. To be informed of the requirements necessary for the client's discharge or transfer to a less restrictive physical environment; and
 - l. To receive, at the time of discharge or transfer, recommendations for treatment after the client is discharged.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-204. Staff Member and Employee Qualifications and Records

- A. A licensee shall ensure that:
 1. A staff member is at least 21 years old;
 2. Except as provided in subsection (A)(3), an intern is at least 18 years old;
 3. An intern in a Level 1 specialized transitional agency is at least 21 years old; and
 4. A volunteer is at least 21 years old.
- B. A licensee shall ensure that a behavioral health professional has the skills and knowledge necessary to:
 1. Provide the behavioral health services that the agency is authorized to provide; and
 2. Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals with a substance abuse problem, individuals who are seriously mentally ill, individuals who have co-occurring disorders, or individuals who may be victims or perpetrators of domestic violence.
- C. A licensee shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or substance abuse counselor is under direct supervision as defined in A.A.C. R4-6-101.
- D. A licensee shall ensure that a behavioral health technician has the skills and knowledge required in subsection (F) and otherwise required in this Chapter.
- E. A licensee shall ensure that a behavioral health paraprofessional hired after the effective date of this Chapter:
 1. Who has six weeks of behavioral health work experience has the skills and knowledge required in subsection (F); and
 2. Who does not have six weeks of behavioral health work experience:
 - a. Receives six weeks of continuous onsite direction from a behavioral health professional, a behavioral health technician, or a behavioral health paraprofessional who has at least six months of behavioral health work experience; and

- b. Has the skills and knowledge required in subsection (F) after the six weeks of continuous onsite direction.
- F. A licensee shall ensure that a behavioral health technician or behavioral health paraprofessional hired after the effective date of this Chapter has the skills and knowledge necessary to perform the duties consistent with the job description of the behavioral health technician or behavioral health paraprofessional and the services the agency is authorized to provide including, if applicable, the skills and knowledge:
 - 1. Necessary to:
 - a. Protect client rights in R9-20-203;
 - b. Provide treatment that promotes client dignity, independence, individuality, strengths, privacy, and choice;
 - c. Recognize obvious symptoms of a mental disorder, personality disorder, or substance abuse;
 - d. Provide the behavioral health services that the agency is authorized to provide and that the staff member is qualified to provide;
 - e. Meet the unique needs of the client populations served by the agency or the staff member, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
 - f. Protect and maintain the confidentiality of client records and information;
 - g. Recognize and respect cultural differences;
 - h. Recognize, prevent, and respond to a situation in which a client:
 - i. May be a danger to self or a danger to others,
 - ii. Behaves in an aggressive or destructive manner,
 - iii. May be experiencing a crisis situation, or
 - iv. May be experiencing a medical emergency;
 - i. Read and implement a client's treatment plan;
 - j. Assist a client in accessing community services and resources;
 - k. Record and document client information;
 - l. Demonstrate ethical behavior, such as by respecting staff member and client boundaries and recognizing the inappropriateness of receiving gratuities from a client;
 - m. Identify types of medications commonly prescribed for mental disorders, personality disorders, and substance abuse and the common side effects and adverse reactions of the medications;
 - n. Recognize and respond to a fire, disaster, hazard, and medical emergency; and
 - o. Provide the activities or behavioral health services identified in the staff member's job description or the agency's policy and procedure; and
 - 2. That are verified:
 - a. Except as provided in subsection (E)(2), before the staff member provides behavioral health services to a client;
 - b. By the clinical director, a behavioral health professional, or a behavioral health technician with a combination of at least six years of education in a field related to behavioral health and full-time behavioral health work experience; and
 - c. Through one or more of the following:
 - i. Visual observation of the staff member interacting with another individual, such as through role playing exercises;
 - ii. Verbal interaction with the staff member, such as interviewing, discussion, or question and answer; or
 - iii. A written examination.
- G. A licensee shall ensure that verification of each of the skills and knowledge required in subsection (F) are documented, including the:
 - 1. Name of the staff member;
 - 2. Date skills and knowledge were verified;
 - 3. Method of verification used, according to subsection (F)(2)(c); and
 - 4. Signature and professional credential or job title of the individual who verified the staff member's skills and knowledge.
- H. A licensee of a residential agency or an inpatient treatment program shall ensure that:
 - 1. Before providing behavioral health services, a staff member submits documentation of a physical examination or nursing assessment that indicates that the staff member is capable of performing the duties contained in the staff member's job description;
 - 2. At the starting date of employment or before providing behavioral health services and every 12 months thereafter, a staff member submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - a. A report of a negative Mantoux skin test administered within six months before the report is submitted; or
 - b. If the staff member has had a positive skin test for tuberculosis, a written statement from a medical practitioner dated within six months before the statement is submitted indicating that the staff member is free from infectious pulmonary tuberculosis; and
 - 3. If a staff member or employee has a communicable disease listed in R9-6-202(A) or (B), the staff member or employee provides written authorization from a medical practitioner before returning to work.
- I. A licensee shall ensure that a personnel record is maintained for each staff member that contains:
 - 1. The staff member's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment or contract service and, if applicable, the ending date; and
 - 4. Documentation of:
 - a. The staff member's compliance with the qualifications required in this Chapter, as applicable;
 - b. The staff member's compliance with the behavioral health work experience requirements in this Section;
 - c. The staff member's compliance with the fingerprinting requirements in R9-20-201(A)(1)(c) or 9 A.A.C. 20, Article 13, if applicable;
 - d. The performance reviews required in R9-20-201(D);
 - e. The verification of the staff member's skills and knowledge required in subsection (G), if applicable, and as otherwise required in this Chapter;
 - f. The clinical supervision required in R9-20-205, if applicable;
 - g. The staff member's completion of the orientation required in R9-20-206(A);
 - h. The staff member's completion of the training required in R9-20-206(B), if applicable;
 - i. Any disciplinary action taken against the staff member;

- j. The staff member's documentation of CPR and first aid training, as required in R9-20-207(B), if applicable;
 - k. The staff member's review of policies and procedures required in R9-20-201(B)(4), including the signature of the staff member and the date signed; and
 - l. For a staff member working in a residential agency or an inpatient treatment program:
 - i. The staff member's physical examination or nursing assessment as required in subsection (H)(1), and
 - ii. The staff member's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2).
- J.** A licensee shall ensure that a personnel record is maintained for each volunteer, intern, or employee that contains:
- 1. The individual's name, date of birth, home address, and home telephone number;
 - 2. The name and telephone number of an individual to be notified in case of an emergency;
 - 3. The starting date of employment, contract service, or volunteer service and, if applicable, the ending date;
 - 4. For an individual working or providing volunteer services in a residential agency or an inpatient treatment program, documentation of the individual's freedom from infectious pulmonary tuberculosis as required in subsection (H)(2); and
 - 5. Documentation of the individual's compliance with the fingerprinting requirements in R9-20-201(A)(1)(c) or 9 A.A.C. 20, Article 13, if applicable.
- K.** A licensee shall ensure that personnel records required in this Section are maintained:
- 1. On the premises or at the administrative office;
 - 2. Throughout an individual's period of employment, contract service, volunteer service, or internship; and
 - 3. For at least two years after the last date of the individual's employment, contract service, volunteer service, or internship.
- Historical Note**
- New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).
- R9-20-205. Clinical Supervision**
- A.** A clinical director shall ensure that a behavioral health professional develops, implements, monitors, and complies with a written plan for clinical supervision for the agency. A written plan for clinical supervision shall:
- 1. Ensure that clinical supervision addresses the treatment needs of all clients, including clients who receive treatment from the agency for a short period of time, such as 14 days or less;
 - 2. Establish criteria to determine:
 - a. When clinical supervision shall be provided to a staff member on an individual basis, which shall include a requirement that a staff member involved in an incident reported under R9-20-202(A)(1) receive clinical supervision related to the incident on an individual basis; and
 - b. When a staff member listed in subsection (B) is capable of providing clinical supervision;
 - 3. Establish a process for reviewing an incident reported under R9-20-202(A)(1); and
 - 4. Establish requirements and time-frames for documenting clinical supervision.
- B.** A licensee shall ensure that clinical supervision is provided by an individual who:
- 1. Has skills and knowledge in the behavioral health services that the agency is authorized to provide and the populations served by the agency; and
 - 2. Is one of the following:
 - a. A behavioral health professional, or
 - b. A behavioral health technician with a combination of full-time behavioral health work experience and post high school education in a field related to behavioral health totaling at least six years.
- C.** A licensee shall ensure that a behavioral health technician who provides clinical supervision:
- 1. Receives clinical supervision from a behavioral health professional according to the requirements in this Section; and
 - 2. Has skills and knowledge in providing clinical supervision that are verified:
 - a. Before the behavioral health technician provides clinical supervision;
 - b. By a behavioral health professional who provides clinical supervision; and
 - c. Through one or more of the following:
 - i. Visual observation of the behavioral health technician interacting with another individual, such as through role playing exercises;
 - ii. Verbal interaction with the behavioral health technician, such as interviewing, discussion, or question and answer; or
 - iii. A written examination.
- D.** A licensee shall ensure that:
- 1. A behavioral health technician or a behavioral health paraprofessional who works full time receives at least four hours of clinical supervision in a calendar month;
 - 2. A behavioral health technician or a behavioral health paraprofessional who works part time receives at least one hour of clinical supervision for every 40 hours worked; and
 - 3. Clinical supervision occurs on an individual or group basis and may include clinical supervision in response to an incident, an emergency safety response, or, if applicable, debriefings that occur after restraint or seclusion.
- E.** A licensee shall ensure that clinical supervision includes:
- 1. Reviewing and discussing client behavioral health issues, behavioral health services, or records;
 - 2. Recognizing and meeting the unique treatment needs of the clients served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
 - 3. Reviewing and discussing other topics that enhance the skills and knowledge of staff members; and
 - 4. For a behavioral health technician providing a client with an assessment or treatment plan, determining whether an assessment or treatment plan is complete and accurate and meets the client's treatment needs.
- F.** A licensee shall ensure that the four hours of clinical supervision required for a behavioral health technician and a behavioral health paraprofessional is documented at least once a month, to include:
- 1. The date of the clinical supervision,
 - 2. The name, signature, and professional credential or job title of the staff member receiving clinical supervision,

3. The signature and professional credential or job title of the individual providing clinical supervision and the date signed,
4. The duration of the clinical supervision,
5. A description of the topic or topics addressed in clinical supervision, as described in subsection (E),
6. Whether clinical supervision occurred on a group or individual basis, and
7. Identification or recommendation of additional training that may enhance the staff member's skills and knowledge.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-206. Orientation and Training

A. A licensee shall ensure that:

1. The clinical director develops and implements a written plan to provide staff orientation;
2. A staff member completes orientation before providing behavioral health services;
3. Orientation of a staff member includes:
 - a. Reviewing:
 - i. Client rights;
 - ii. Agency policies and procedures necessary for the performance of the staff member's duties;
 - iii. The staff member's job description;
 - iv. The agency's evacuation path; and
 - v. Procedures for responding to a fire, a disaster, a hazard, a medical emergency, and a client experiencing a crisis situation;
 - b. Informing the staff member of the requirement to immediately report suspected or alleged abuse, neglect, or exploitation or a violation of a client's rights to the administrator or clinical director; and
 - c. Identifying the location of client records and how client records and information are protected; and
4. A staff member's orientation is documented, to include:
 - a. The staff member's name, signature, and professional credential or job title,
 - b. The date orientation was completed,
 - c. The subject or topics covered in the orientation,
 - d. The duration of the orientation, and
 - e. The name, signature, and professional credential or job title of the individual providing the orientation.

B. A licensee shall ensure that the clinical director:

1. Develops and implements a written training plan for the agency that includes a description of the training that a behavioral health professional, behavioral health technician, or behavioral health paraprofessional needs to:
 - a. Maintain current skills and knowledge;
 - b. Obtain or enhance skills and knowledge in the behavioral health services the agency is authorized to provide; and
 - c. Meet the unique needs of the client populations served by the agency, such as children, adults age 65 or older, individuals who have substance abuse problems, individuals who are seriously mentally ill, or individuals who have co-occurring disorders;
2. Ensures that each staff member, except for a behavioral health professional who is required by state law to complete continuing education to maintain the behavioral health professional's occupational license or certificate, completes:

- a. At least 48 hours of training during the first 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's starting date of employment or contracted service, which may include time spent in orientation and in acquiring the skills and knowledge required in R9-20-204(F); and
 - b. At least 24 hours of training every 12 months of full-time employment or contract service, or the equivalent amount for part-time employment or contract service, after the staff member's first 12 months of employment or contract service;
3. Ensures that during a staff member's first 12 months of employment or contract service, training includes the topics listed in R9-20-204(F) and other topics identified in the written staff member training plan; and
 4. Ensures that a staff member's training is documented, to include:
 - a. The staff member's name, signature, and professional credential or job title;
 - b. The date of the training;
 - c. The subject or topics covered in the training;
 - d. The duration of the training; and
 - e. The name, signature, and professional credential or job title of the individual providing the training.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-207. Staffing Requirements

A. A licensee shall ensure that an agency has staff members and employees to:

1. Meet the requirements in this Chapter;
2. Provide at all times:
 - a. The behavioral health services the agency is authorized to provide;
 - b. The behavioral health services stated in the agency program description, as required in R9-20-201(A)(2)(c); and
 - c. The treatment identified in each client's treatment plan; and
3. Ensure the health, safety, and welfare of a client:
 - a. On the premises;
 - b. On an agency-sponsored activity off the premises; and
 - c. While the client is receiving behavioral health services or ancillary services from the licensee off the premises.

B. A licensee shall ensure that at least one staff member is present at the facility during hours of agency operation or on an outing who has current documented successful completion of first-aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR.

C. A licensee of a residential agency or an inpatient treatment program shall ensure that:

1. At least one staff member is present and awake at the facility at all times when a client is on the premises,
2. At least one staff member is on-call and available to come to the agency if needed, and
3. The agency has sufficient staff members that provide general client supervision and treatment and sufficient staff members or employees to provide ancillary services

to meet the scheduled and unscheduled needs of each client.

- D.** A licensee shall ensure that each agency has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each staff member assigned to work, including on-call staff members;
 2. Includes documentation of the staff members who work each day and the hours worked by each staff member; and
 3. Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-208. Admission Requirements

- A.** A licensee may conduct a preliminary review of an individual's presenting issue and unique needs before conducting an assessment of the individual or admitting the individual into the agency. If a licensee determines, based on an individual's presenting issue and unique needs, that the individual is not appropriate to receive a behavioral health service or ancillary service at an agency, the licensee shall ensure that the individual is provided with a referral to another agency or entity. If an individual received a face-to-face preliminary review, a staff member shall provide the individual with a written referral.
- B.** A licensee of an agency that provides respite shall ensure that a policy and procedure is developed, implemented, and complied with that ensures that:
1. A respite admission does not cause the agency to exceed the licensed capacity identified on the agency's license,
 2. A respite client meets the admission requirements in this Section,
 3. A respite client receives an assessment and treatment plan for the period of time that the client is receiving respite from the agency, and
 4. A respite client's treatment plan addresses how the client will be oriented to and integrated into the daily activities at the agency.
- C.** A licensee shall ensure that:
1. An individual is admitted into an agency based upon:
 - a. The individual's presenting issue and treatment needs and the licensee's ability to provide behavioral health services and ancillary services consistent with those treatment needs;
 - b. The criteria for admission contained in the agency program description, as required in R9-20-201(A)(2)(h)(i), and the licensee's policies and procedures; and
 - c. According to the requirements of state and federal law and this Chapter; and
 2. An individual admitted into and receiving treatment from an agency does not require from the agency:
 - a. A behavioral health service or medical service that the agency is not authorized to provide,
 - b. A behavioral health service or medical service that the agency's staff members are not qualified or trained to provide, or
 - c. A behavioral health service or ancillary service that the agency is unable to provide.
- D.** A licensee shall ensure that:
1. Based upon an assessment, if an individual is not appropriate to receive a behavioral health service or ancillary service according to the criteria in subsection (C), the individual is provided with a referral to another agency or entity; and
 2. If an individual received a face-to-face assessment, a staff member provides the individual with a written referral.
- E.** A licensee shall ensure that:
1. Except as stated in subsection (F), admission does not occur and treatment is not provided unless general consent is obtained; and
 2. Informed consent to treatment is:
 - a. Obtained from a client or, if applicable, the client's parent, guardian, custodian, or agent before a client receives a specific treatment or a change in treatment, such as use of a different medication, for which informed consent has not yet been obtained;
 - b. Obtained only after a client or, if applicable, the client's parent, guardian, custodian, or agent receives a verbal explanation of the following:
 - i. The specific treatment being proposed;
 - ii. The intended outcome, nature, and procedures of the proposed treatment;
 - iii. Any risks and side effects of the proposed treatment, including any risks of not proceeding with the proposed treatment;
 - iv. The alternatives to the proposed treatment; and
 - v. That informed consent is voluntary and may be withheld or withdrawn at any time; and
 - c. Documented by:
 - i. Having the client sign and date or, if applicable, having the client's parent, guardian, custodian, or agent sign and date, an acknowledgment that the client or, if applicable, the client's parent, guardian, custodian, or agent has received the information in subsection (E)(2)(b) and gives informed consent to the treatment; or
 - ii. If the client or, if applicable, the client's parent, guardian, custodian, or agent gives verbal informed consent to the treatment but refuses to sign an acknowledgement according to subsection (E)(2)(c)(i), having the medical practitioner ordering the treatment sign and date a statement that the client or, if applicable, the client's parent, guardian, custodian, or agent received the information in subsection (E)(2)(b) and gives informed consent but refuses to sign the acknowledgement.
- F.** A licensee is not required to obtain general consent as described in subsection (E)(1) from a client receiving court-ordered evaluation, court-ordered treatment, or treatment in a Level I specialized transitional agency.
- G.** A licensee is not required to obtain general consent as described in subsection (E)(1) or informed consent as described in subsection (E)(2) from a client receiving treatment according to A.R.S. § 36-512.
- H.** A licensee shall ensure that, at the time of admission, a client and, if applicable, the client's parent, guardian, custodian, designated representative, or agent are provided the following information:
1. A list of client rights;
 2. An explanation of any fees that the client is required to pay;
 3. A copy of the agency's refund policy and procedure;
 4. The current telephone number and address of:
 - a. The OBHL;
 - b. The Department's Division of Behavioral Health Services;

- c. If the client is enrolled by a regional behavioral health authority as an individual who is seriously mentally ill, the human rights advocates provided by the Department or the Department's designee;
- d. The Arizona Department of Economic Security Office of Adult Protective Services, if applicable;
- e. The Arizona Department of Economic Security Office of Child Protective Services, if applicable; and
- f. The local office of the regional behavioral health authority;
- 5. A copy of the agency's grievance policy and procedure;
- 6. If the agency is a residential agency or an inpatient treatment program and has a dress code, a written description of the dress code;
- 7. If the agency is an inpatient treatment program, an explanation of whether treatment is provided in a secure facility; and
- 8. If the agency is a Level 1 RTC or a Level 1 sub-acute agency authorized to provide restraint or seclusion:
 - a. The agency's policy for the use of restraint or seclusion, in a language that the client or the client's parent, guardian, custodian, or agent understands; and
 - b. The name, telephone number, and mailing address for the Arizona Center for Disability Law.
- I.** A licensee shall ensure that receipt of the applicable information in subsection (H) is documented by having the client or the client's parent, guardian, custodian, or agent sign and date an acknowledgment that the client or the client's parent, guardian, custodian, or agent received the information.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-209. Assessment and Treatment Plan

- A.** A licensee shall develop, implement, and comply with policies and procedures for conducting an assessment that ensure that a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional, conducting an assessment:
 - 1. Refers the client to a medical practitioner if there is evidence that the client's behavioral health issue may be related to a medical condition; and
 - 2. Addresses a client's:
 - a. Presenting issue;
 - b. Substance abuse history;
 - c. Co-occurring disorder;
 - d. Medical condition and history;
 - e. Legal history, including:
 - i. Custody,
 - ii. Guardianship,
 - iii. Pending litigation,
 - iv. Court-ordered evaluation,
 - v. Court-ordered treatment, and
 - vi. Criminal justice record;
 - f. Family history; and
 - g. Behavioral health treatment history.
- B.** A licensee shall ensure that:
 - 1. A behavioral health professional or a behavioral health technician, under the supervision of a behavioral health professional, initiates an assessment of a client before treatment is initiated, and
 - 2. If an assessment is conducted and documented by a behavioral health technician, a behavioral health professional reviews the assessment information documented by the behavioral health technician to ensure that the assessment information identifies the behavioral health services needed by the client and whether the client needs medical services.
- C.** A licensee shall ensure that a client's assessment is completed with the participation of:
 - 1. The client or the client's guardian or agent, if applicable;
 - 2. If the client is a child, the client's parent, guardian, or custodian;
 - 3. An individual requested by the client or the client's guardian or agent or, if the client is a child, by the client's parent, guardian, or custodian; and
 - 4. Any individual required by federal or state law.
- D.** A licensee may use a documented assessment completed by a behavioral health professional or a behavioral health technician not affiliated with the licensee's agency if:
 - 1. The assessment was completed in compliance with this Section;
 - 2. The assessment was completed within 12 months before the date of the client's admission to the licensee's agency; and
 - 3. The behavioral health professional or the behavioral health technician at the licensee's agency updates the documented assessment to include any changes to the client's condition since the assessment was completed.
- E.** A licensee shall ensure that, except for a client receiving behavioral health services in a crisis situation, a client's assessment information is documented in the client record within seven days after initiating or updating the assessment, to include:
 - 1. A description of the client's presenting issue;
 - 2. An identification of the client's behavioral health symptoms and of each behavioral health issue that requires treatment;
 - 3. A description of the medical symptoms reported by the client and medical referrals needed by the client, if any;
 - 4. Recommendations for further assessment or examination of the client's needs;
 - 5. Recommendations for treatment needed by the client;
 - 6. Recommendations for ancillary services or other services needed by the client; and
 - 7. The signature, professional credential or job title, and date signed of:
 - a. The staff member conducting the assessment; and
 - b. If the assessment information was documented by a behavioral health technician, the behavioral health professional who reviewed the assessment information.
- F.** A licensee shall ensure that:
 - 1. A client's assessment information is reviewed and updated:
 - a. When additional information that affects the client's assessment is identified, and
 - b. At least once every 12 months; and
 - 2. A review and update of a client's assessment information is documented in the client record within seven days after the review is completed.
- G.** A licensee shall ensure that the assessment information of a client receiving behavioral health services in a crisis situation is documented in the client record:
 - 1. Before the individual's or client's:
 - a. Admission,
 - b. Transfer, or
 - c. Referral; and

2. To include the requirements in subsections (E)(1) through (6), the name of each behavioral health professional who reviewed the assessment information according to subsection (B)(2), and the date of the review.
- H.** A licensee shall ensure that policies and procedures for developing, implementing, monitoring, and updating a treatment plan are developed, implemented, and complied with.
- I.** A licensee shall ensure that an initial treatment plan is developed for each client that:
1. Is based upon the initial assessment of the client and, if applicable, the client's physical examination required in R9-20-1003(E);
 2. Is completed and documented:
 - a. Before a client:
 - i. Receives counseling;
 - ii. Is admitted to an inpatient facility or residential agency, unless a client's presenting issue requires immediate admission;
 - iii. Receives treatment of the client's behavioral health issue with medication; or
 - iv. Receives opioid treatment according to Article 10;
 - b. No later than 30 days after the client's first visit with a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 - c. By a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 - d. With the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
 3. Includes:
 - a. The client's presenting issue;
 - b. The behavioral health services or ancillary services to be provided to the client until completion of the treatment plan in subsection (J);
 - c. Identification of individuals or entities to provide behavioral health services or ancillary services in subsection (I)(3)(b);
 - d. The information in subsection (J) for a client:
 - i. Receiving DUI treatment,
 - ii. Receiving misdemeanor domestic violence offender treatment,
 - iii. Receiving counseling,
 - iv. Receiving treatment of the client's behavioral health issue with medication,
 - v. Admitted to an inpatient facility or residential agency, or
 - vi. Receiving opioid treatment according to Article 10;
 - e. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - f. The signature, professional credential or job title and date signed of:
 - i. The staff member developing the treatment plan; and
 - ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional who reviewed the treatment plan;
 4. If the initial treatment plan was completed by a behavioral health technician, is reviewed by a behavioral health professional to ensure that the initial treatment plan is complete and accurate and meets the client's treatment needs; and
 5. Is entered in the client record within seven days of completion.
- J.** A licensee shall ensure that a treatment plan is developed for each client and that the treatment plan:
1. Is based upon the initial assessment and ongoing assessment of the client;
 2. Is completed and documented no later than 90 days after the client's first visit with a behavioral health professional or behavioral health technician under supervision of a behavioral health professional;
 3. Is developed by a behavioral health professional or a behavioral health technician under the supervision of a behavioral health professional;
 4. Is developed with the participation of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian;
 5. If the treatment plan was completed by a behavioral health technician, is reviewed by a behavioral health professional to ensure that the treatment plan is complete and accurate and meets the client's treatment needs;
 6. Includes:
 - a. The client's presenting issue;
 - b. One or more treatment goals;
 - c. One or more treatment methods and the frequency of each treatment method;
 - d. The date when the client's treatment plan shall be reviewed;
 - e. If a discharge date has been determined, the treatment needed after discharge;
 - f. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - g. The signature, professional credential or job title and date signed of:
 - i. The staff member developing the treatment plan; and
 - ii. If the treatment plan was completed by a behavioral health technician, the behavioral health professional approving the treatment plan;
 7. Is reviewed and updated on an on-going basis:
 - a. According to the review date specified in the treatment plan and at least annually;
 - b. When a treatment goal is accomplished or changes;
 - c. When additional information that affects the client's assessment is identified;
 - d. When a client has a significant change in condition or experiences an event that affects treatment; and
 - e. If the client is receiving opioid treatment according to Article 10, at least once every three months during the client's first year of opioid treatment and at least once every six months after the client's first year of opioid treatment; and
 8. Is entered in the client record within seven days of completion.
- K.** A licensee shall ensure that the treatment plan to resolve or address a crisis situation is documented at the agency:
1. Before the date of the individual's or client's:
 - a. Admission,
 - b. Transfer, or
 - c. Referral; and

2. To include the name of the behavioral health professional who reviewed the treatment plan and the date and time of the review.
- L.** A licensee shall ensure that:
1. A client's treatment is based upon the client's treatment plan;
 2. When a client's treatment plan is reviewed under subsection (J)(7), a behavioral health professional or behavioral health technician reviews the client's progress in treatment and determines whether the client needs to continue with treatment or to be transferred or discharged; and
 3. If a client's progress is reviewed by a behavioral health technician, the behavioral health technician's review and determinations are approved by a behavioral health professional.
- M.** A licensee shall ensure that a client's initial treatment plan and treatment plan are implemented.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-210. Discharge

- A.** A licensee shall ensure that a client is discharged from an agency:
1. According to the requirements of this Chapter and state and federal law;
 2. According to the agency's discharge criteria contained in the agency's program description according to R9-20-201(A)(2)(h)(iv);
 3. When the client's treatment goals are achieved, as documented in the client's treatment plan; or
 4. When the client's behavioral health issues or treatment needs are not consistent with the behavioral health services that the agency is authorized or able to provide.
- B.** A licensee shall ensure that, at the time of discharge, a client receives a referral for treatment or ancillary services that the client may need after discharge.
- C.** A licensee shall ensure that a discharge summary:
1. Is entered into the client record within 15 days after a client's discharge;
 2. Is completed by a behavioral health professional or a behavioral health technician; and
 3. Includes:
 - a. The client's presenting issue and other behavioral health issues identified in the client's treatment plan;
 - b. A summary of the treatment provided to the client;
 - c. The client's progress in meeting treatment goals, including treatment goals that were and were not achieved;
 - d. The name, dosage, and frequency of each medication for the client ordered at the time of the client's discharge by a medical practitioner at the agency; and
 - e. A description of the disposition of the client's possessions, funds, or medications.
- D.** A licensee shall ensure that a client who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the client is discharged from the agency if a medical practitioner for the agency will not be prescribing the medication for the client at or after discharge.
- E.** A licensee shall ensure that a client who is involuntarily discharged is offered or provided a written notice indicating:
1. The client's right to submit a grievance, and

2. The agency's grievance policy and procedure.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-211. Client Records

- A.** A licensee shall ensure that a single active client record is maintained for each client and:
1. Is protected at all times from loss, damage, or alteration;
 2. Is confidential;
 3. Is only released or disclosed:
 - a. As provided in:
 - i. A.R.S. § 12-2292(B);
 - ii. A.R.S. § 12-2294;
 - iii. A.R.S. § 36-504;
 - iv. A.R.S. § 36-509;
 - v. A.R.S. § 36-3283(D);
 - vi. 42 CFR 2.11 through 42 CFR 2.67 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; or
 - vii. Another applicable federal or state law that authorizes release or disclosure; or
 - b. With written authorization from the client or, if applicable, the client's parent, guardian, custodian, or agent, according to subsection (B);
 4. Is legible and recorded in ink or electronically recorded;
 5. Contains entries that are dated and:
 - a. Signed by the individual making the entry;
 - b. Initialed by the individual making the entry; or
 - c. Authenticated by the individual making the entry in accordance with the following:
 - i. The individual who makes the entry embosses the entry with a rubber stamp or uses a computer code;
 - ii. The rubber stamp or computer code is not authorized for use by another individual; and
 - iii. The individual who makes the entry signs a statement that the individual is responsible for the use of the rubber stamp or the computer code;
 6. Is available for review during the agency's hours of operation or at another time agreed upon by the clinical director upon written request by the client or the client's parent, guardian, custodian, or agent, if applicable, unless the client's physician:
 - a. Determines that the client's review of the client record is contraindicated, and
 - b. Documents the reason for the determination in the client record;
 7. Does not contain information about another client or individual unless the information impacts the treatment to the client;
 8. Is current and accurate;
 9. Is amended as follows:
 - a. The information to be amended is struck out with a single line that allows the struck information to be read; and
 - b. The amended entry is signed, initialed, or authenticated as described in subsection (A)(5)(c) by the individual making the amended entry;

10. Except as provided in subsection (A)(11), contains original documents and original signatures, initials, or authentication;
 11. For events occurring in group counseling, may contain photocopies of original documents but with client specific treatment information added;
 12. Is maintained on the premises of the behavioral health agency at which the client is admitted until the client is discharged;
 13. Is available and accessible to staff members who provide behavioral health services to the client;
 14. Is retained after a client's discharge:
 - a. For a client who is an adult, for seven years after the date of the client's discharge, unless otherwise provided by law or this Chapter; and
 - b. For a client who is a child, for seven years after the date of discharge or for at least three years after the date of the client's 18th birthday, whichever is a longer period of time; and
 15. Is disposed of in a manner that protects client confidentiality.
- B.** A licensee shall ensure that written authorization for release of a client record or information, as described in subsection (A)(3)(b), is obtained according to the following:
1. Written authorization is obtained before a client record or information is released or disclosed;
 2. Written authorization is obtained in a language understood by the individual signing the written authorization under subsection (B)(3)(h);
 3. Written authorization includes:
 - a. The name of the agency disclosing the client record or information;
 - b. The purpose of the disclosure;
 - c. The individual, agency, or entity requesting or receiving the record or information;
 - d. A description of the client record or information to be released or disclosed;
 - e. A statement indicating authorization and understanding that authorization may be revoked at any time;
 - f. The date or condition when the authorization expires;
 - g. The date the authorization was signed; and
 - h. The signature of the client or the client's parent, guardian, custodian, or agent; and
 4. Written authorization is maintained in the client record.
- C.** A licensee shall ensure that a progress note is documented on the date that an event occurs. Any additional information added to the progress note is identified as a late entry.
- D.** A licensee shall ensure that a client record contains the following, if applicable:
1. The client's name, address, home telephone number, and date of birth;
 2. The name and telephone number of:
 - a. An individual to notify in case of medical emergency;
 - b. The client's medical practitioner, if applicable;
 - c. The individual who coordinates the client's behavioral health services or ancillary services, if applicable;
 - d. The client's parent, guardian, or custodian, if applicable; or
 - e. The client's agent, if applicable;
 3. The date the client was admitted into the agency;
 4. The following information about each referral made or received by the agency:
 - a. The date of the referral;
 - b. The reason for the referral; and
 - c. The name of the entity, agency, or individual that the client was referred to or from;
 5. Whether the client is receiving court-ordered evaluation or court-ordered treatment or is a DUI client or a client in a misdemeanor domestic violence offender treatment program;
 6. If the client is receiving court-ordered evaluation or court-ordered treatment, a copy of the court order, pre-petition screening, and court-ordered evaluation as required by A.R.S. Title 36, Chapter 5;
 7. Documentation of general and, if applicable, informed consent to treatment, as required in R9-20-208(E);
 8. Documentation signed and dated by the client or, if applicable, the client's parent, guardian, custodian, or agent, indicating receipt of the information required to be provided under R9-20-208(G);
 9. The client's written informed consent to participate in research or treatment that is not a professionally recognized treatment, according to R9-20-201(F), if applicable;
 10. The assessment information and updates to the assessment information, as required in R9-20-209(E) and (F);
 11. The initial treatment plan as required in R9-20-209(I)(2), and the treatment plan and updates and revisions to the treatment plan, as required in R9-20-209(J)(2) and (7);
 12. Results from an additional examination or assessment recommended according to R9-20-209(E)(4);
 13. Information or records provided by or obtained from another individual, agency, or entity regarding the client;
 14. Documentation of authorization to release a client record or information, as required in subsection (A)(3)(b) and (B), if applicable;
 15. Documentation of requests for client records and of the resolution of those requests;
 16. Documentation of the release of the client record or information from the client record to an individual or entity as described in subsection (A)(3)(a);
 17. Progress notes;
 18. Documentation of telephone, written, or face-to-face contact with the client or another individual that relates to the client's health, safety, welfare, or treatment;
 19. Documentation of:
 - a. Assistance provided to a client who does not speak English;
 - b. Assistance provided to a client who has a physical or other disability, as required in R9-20-203(A)(3); and
 - c. A client's known allergies or other medical condition;
 20. Documentation of behavioral health services provided to the client, according to the client's treatment plan;
 21. Documentation of medication services or assistance in the self-administration of medication, if applicable;
 22. Medical orders, as required in this Chapter, if applicable;
 23. Date of discharge and discharge summary as required in R9-20-210(C), if applicable;
 24. If the client is receiving treatment in a residential agency or an inpatient treatment program, documentation of the client's:
 - a. Orientation, as required in R9-20-401(B);
 - b. Screening for infectious pulmonary tuberculosis, as required in R9-20-401(A)(3); and
 - c. Nursing assessment or physical examination, as required in R9-20-401(A)(1) or (2), as applicable;

25. If the client is a child, the names of the individuals to whom the child may be released according to R9-20-201(E)(5);
 26. Documentation of an agency's coordination with or communication to an individual, agency, or entity involved in the provision of treatment or ancillary services to the client; and
 27. Other information or documentation required by state or federal law or this Chapter.
- E.** A licensee shall develop, implement, and comply with a policy and procedure to ensure the confidentiality and security of client records and client-related information, which shall include requirements that:
1. If maintained other than electronically, client records and other written client-related information be stored in a locked container or area;
 2. If maintained electronically, client records and other written client-related information be protected from unauthorized access; and
 3. Staff members release and discuss client-related information only as necessary for the provision of behavioral health services.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-212. Transportation

- A.** A licensee of an agency that uses a vehicle owned or leased by the licensee to transport a client shall ensure that:
1. The vehicle:
 - a. Is safe and in good repair;
 - b. Contains a first aid kit that meets the requirements in R9-20-214(I);
 - c. Contains drinking water sufficient to meet the needs of each client present;
 - d. Contains a working heating and air conditioning system; and
 - e. Is insured according to A.R.S. Title 28, Chapter 9;
 2. Documentation of vehicle insurance and a record of each maintenance or repair of the vehicle is maintained on the premises or at the administrative office;
 3. A driver of the vehicle:
 - a. Is 21 years of age or older;
 - b. Has a valid driver license;
 - c. Does not wear headphones or operate a cellular telephone while operating the vehicle;
 - d. Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;
 - e. Does not leave in the vehicle an unattended:
 - i. Child;
 - ii. Client who may be a threat to the health, safety, or welfare of the client or another individual; or
 - iii. Client who is incapable of independent exit from the vehicle;
 - f. Operates the vehicle safely; and
 - g. Ensures the safe and hazard-free loading and unloading of clients;
 4. Transportation safety is maintained as follows:
 - a. Each individual in the vehicle wears a working seat belt while the vehicle is in motion;

- b. Each seat in a vehicle is securely fastened to the vehicle and provides sufficient space for a client's body; and
 - c. Each individual in the vehicle is sitting in a seat while the vehicle is in motion; and
5. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare.
- B.** A licensee of a residential agency or an inpatient treatment program shall ensure that:
1. A client receives transportation to needed medical services and to the treatment identified in the client's treatment plan or assessment; and
 2. Emergency information for each client transported is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;
 - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the transportation;
 - c. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-213. Outings

- A.** A clinical director or designee shall ensure that:
1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each client participating in the outing; and
 2. Probable hazards, such as weather conditions, adverse client behavior, or medical situations, that may occur during the outing are identified and staff members participating in the outing are prepared and have the supplies necessary to prevent or respond to each probable hazard.
- B.** A licensee shall ensure that:
1. There is a sufficient number of staff members present to ensure each client's health, safety, and welfare on an outing;
 2. There are at least two staff members present on an outing;
 3. At least one staff member on the outing has documentation of current training in CPR and first aid according to R9-20-207(B);
 4. Documentation is developed before an outing that includes:
 - a. The name of each client participating in the outing;
 - b. A description of the outing;
 - c. The date of the outing;
 - d. The anticipated departure and return times;
 - e. The name, address, and, if available, telephone number of the outing destination; and
 - f. The license plate number of each vehicle used to transport a client;
 5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained on the premises for at least 12 months after the date of the outing;
 6. Emergency information for each client participating in the outing is maintained in the vehicle used to transport the client and includes:
 - a. The client's name;

- b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the client during the anticipated duration of the outing;
 - c. The client's allergies; and
 - d. The name and telephone number of the individual to notify at the agency in case of medical emergency or other emergency;
- 7. A copy of the agency's policy and procedure for outings, as required in R9-20-201(B)(1)(a)(iii), is maintained in each vehicle used on the outing; and
 - 8. Each client participating in the outing is safely returned after the outing.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-214. Environmental Standards

- A.** A licensee shall ensure that:
 - 1. An agency's facility, furnishings, and premises are:
 - a. In good repair;
 - b. Clean; and
 - c. Free of:
 - i. Odors, such as from urine or rotting food;
 - ii. Insects and rodents;
 - iii. Accumulations of garbage or refuse; and
 - iv. Hazards;
 - 2. A heating and cooling system maintains the facility at a temperature between 65° F and 85° F;
 - 3. Water is available and accessible to a client at all times unless otherwise indicated in the client's treatment plan;
 - 4. Hot water provided in an area of the facility used by a client is maintained between 90° F and 120° F;
 - 5. Each common area of the facility has lighting sufficient to allow staff members to monitor client activity;
 - 6. Except as described in subsection (A)(7), a toxic or other hazardous material stored by the licensee on the premises is in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area;
 - 7. Except for medical supplies needed for a client, such as oxygen, a combustible or flammable liquid material stored by the licensee on the premises is stored in the original labeled container or a safety container in a locked area inaccessible to a client outside of the facility or in an attached garage;
 - 8. Garbage and refuse are:
 - a. Stored in covered containers or in plastic bags, and
 - b. Removed from the premises at least once a week; and
 - 9. If a pet or other animal is on the premises or at the administrative office, the pet or other animal is:
 - a. Controlled to prevent endangering a client or another individual,
 - b. Controlled to maintain sanitation of the premises, and
 - c. Vaccinated against rabies and all other diseases that are communicable to humans and for which a vaccine is available and documentation is maintained at the facility or administrative office indicating current vaccinations.
- B.** A licensee shall ensure that:
 - 1. Smoking or tobacco products are not permitted within a facility; and
 - 2. Smoking or tobacco products may be permitted on the premises outside a facility if:
 - a. Signs designating smoking areas are conspicuously posted, and
 - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** A licensee shall ensure that:
 - 1. If a client has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the client; and
 - 2. An agency's premises has:
 - a. Except for an adult therapeutic foster home, a waiting area with seating for clients and visitors;
 - b. A room that provides privacy for a client to receive treatment or visitors; and
 - c. Rooms or areas sufficient to accommodate the activities, treatment, and ancillary services stated in the agency's program description.
- D.** A licensee shall ensure that an agency has a bathroom that:
 - 1. Is available for use by a client and visitors during the agency's hours of operation;
 - 2. Provides privacy; and
 - 3. Contains:
 - a. A working sink with running water,
 - b. A working toilet that flushes and has a seat,
 - c. Toilet tissue,
 - d. Soap for hand washing,
 - e. Paper towels or a mechanical air hand dryer,
 - f. Lighting, and
 - g. A window that opens or another means of ventilation.
- E.** A licensee shall ensure that if a swimming pool is located on the premises:
 - 1. The pool is enclosed by a wall or fence that:
 - a. Is at least five feet in height;
 - b. Has no vertical openings greater than four inches across;
 - c. Has no horizontal openings, except as described in subsection (E)(1)(e);
 - d. Is not chain-link;
 - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height;
 - f. Has a self-closing, self-latching gate that opens away from the pool and that has a latch located at least five feet from the ground; and
 - g. Is locked when the pool is not in use;
 - 2. At least one staff member with CPR training, as required in R9-20-207(B), is present in the pool area when a client is in the pool area;
 - 3. At least two staff members are present in the pool area if two or more clients are in the pool area; and
 - 4. A life preserver is available and accessible in the pool area.
- F.** A licensee shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(1) is covered and locked when not in use.
- G.** A licensee shall ensure that:
 - 1. An evacuation path is conspicuously posted on each hallway of each floor of the facility; and
 - 2. A written disaster plan is developed and maintained on the premises.
- H.** A licensee shall ensure that:
 - 1. A fire drill for staff members and, except for clients in a correctional facility, clients on the premises is conducted at least once every three months on each shift;

2. Documentation of each fire drill is created and includes:
 - a. The date and time of the drill;
 - b. The amount of time taken for all clients and staff members to evacuate the facility;
 - c. Any problems encountered in conducting the drill; and
 - d. Recommendations for improvement, if applicable; and
 3. Documentation of a fire drill is available for review for 12 months after the date of the drill.
- I.** A licensee shall ensure that a first aid kit is maintained on the premises, is accessible to staff members, and contains the following supplies in a quantity sufficient to meet the needs of all clients:
1. Adhesive bandages,
 2. Gauze pads,
 3. Antiseptic solution,
 4. Tweezers,
 5. Scissors,
 6. Tape,
 7. Disposable medical-grade latex and non-latex gloves, and
 8. Resealable plastic bags of at least one-gallon size.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-215. Time Out

A licensee shall ensure that a time out:

1. Takes place in an area that is unlocked, lighted, quiet, and private;
2. Is time limited and does not exceed two hours per incident or four hours per day;
3. Does not result in a client's missing a meal if the client is in time out at mealtime;
4. Includes monitoring of the client by a staff member at least once every 15 minutes to ensure the client's health, safety, and welfare and to determine if the client is ready to leave time out; and
5. Is documented in the client record, to include:
 - a. The date of the time out,
 - b. The reason for the time out,
 - c. The duration of the time out, and
 - d. The action planned and taken by the licensee to prevent the use of time out in the future.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-216. Emergency Safety Response

A licensee shall ensure that an emergency safety response:

1. Is used only:
 - a. In an emergency that is an immediate threat to the life or health of a client or other individual,
 - b. When less restrictive methods have been attempted and were unsuccessful,
 - c. For the shortest possible duration of time needed to bring the client's behavior under control or to prevent harm to the client or another individual and not longer than five minutes,
 - d. With the least amount of force needed to bring the client's behavior under control or to prevent harm to the client or another individual,

- e. Not more than twice in a period of 60 minutes, and
 - f. Not more than four times within a 12 hour period of time;
2. Is documented, reported, and reviewed as follows:
 - a. Is documented within one day from the date of the emergency safety response including:
 - i. The date and time of the emergency safety response;
 - ii. The name of the client for whom the emergency safety response was used;
 - iii. The names of each staff member using the emergency safety response;
 - iv. The specific emergency safety response that was used;
 - v. The precipitating factors that created a need for use of the emergency safety response;
 - vi. The outcome of the emergency safety response, including any injuries resulting from the emergency safety response;
 - vii. If applicable, whether requirements in R9-20-202 were complied with; and
 - viii. If any individual was injured, the circumstances that caused the injury and a plan addressing ways to prevent future injuries;
 - b. Documentation in subsection (2)(a) is reviewed at least once monthly by the administrator, manager, or clinical director for each use of an emergency safety response that occurred at the agency during the previous month and the following is documented at the agency by the administrator, manager, or clinical director:
 - i. Whether each staff member using an emergency safety response complied with the agency's policies and procedures and this Chapter;
 - ii. Actions the agency shall take to prevent the need for use of an emergency safety response, such as additional staff training, additional staffing, or changes to the agency's policies and procedures;
 - iii. Whether a client is appropriately placed at the agency; and
 - iv. Whether a client's treatment plan shall be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;
 - c. The information in subsections (2)(a) and (b) is reported in writing to OBHL within five days after the end of the calendar month in which an emergency safety response occurred; and
 - d. Documentation required in subsections (2)(a) and (b) and documentation of each report required in subsection (2)(c) is maintained at the agency for six years from the date of the report; and
 3. Is only used by a staff member who has documentation of successful completion annually of a:
 - a. Training program in crisis intervention from an organization nationally recognized for providing training in crisis intervention; or
 - b. For an emergency safety response used before July 1, 2004, nationally recognized training program in crisis intervention that includes:
 - i. Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger the need for an emergency safety response;

- ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
- iii. The safe use of an emergency safety response, including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response.

Historical Note

New Section made by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 3. OUTPATIENT CLINIC REQUIREMENTS

R9-20-301. Universal Outpatient Clinic Requirements

- A. A licensee shall ensure that an outpatient clinic is located:
 - 1. In an area of a facility that is physically separated from the bedrooms, treatment rooms and common areas used by a client in a residential agency or an inpatient treatment program; or
 - 2. In a separate facility from a residential agency, an inpatient treatment program, a Level 4 transitional agency, or a domestic violence shelter.
- B. A licensee of an outpatient clinic that provides partial care to more than ten clients and serves food on the premises shall:
 - 1. Comply with 9 A.A.C. 8, Article 1;
 - 2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1; and
 - 3. Ensure that if a client needs a therapeutic diet:
 - a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.
- C. A licensee of an outpatient clinic that serves food on the premises shall ensure that:
 - 1. Each meal served includes a variety of foods from each food group in "The Food Guide Pyramid" in Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Home and Garden Bulletin No. 252, The Food Guide Pyramid (rev. 1996), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available from the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, 1120 20th Street, N.W., Suite 200, North Lobby, Washington, DC 20036-3475; and
 - 2. Client input is obtained in planning menus.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors in subsections (F) and (I) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-302. Supplemental Requirements for Counseling

- A. A licensee shall ensure that counseling is:
 - 1. Offered as described in the agency's program description in R9-20-201(A)(2)(d);
 - 2. Provided according to the frequency and number of hours identified in the client's treatment plan;
 - 3. Provided by a behavioral health professional or a behavioral health technician; and
 - 4. If group counseling, limited to no more than 15 clients or, if family members participate in group counseling, no more than a total of 20 individuals, including all clients and family members.
- B. A licensee shall ensure that a staff member providing counseling that addresses a specific type of behavioral health issue, such as substance abuse or crisis situations, has skills and knowledge in providing the counseling that addresses the specific type of behavioral health issue that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C. A licensee shall ensure that each counseling session is documented in a client record to include:
 - 1. The date of the counseling session;
 - 2. The amount of time spent in the counseling session;
 - 3. The location where the counseling session occurred, if it occurred off the premises;
 - 4. Whether the counseling was individual counseling, family counseling, or group counseling;
 - 5. The treatment goals addressed in the counseling session;
 - 6. The client's observed response to the counseling; and
 - 7. The signature and professional credential or job title of the staff member who provided the counseling and the date signed.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-303. Supplemental Requirements for Medication Services

- A. A licensee of an agency that provides medication services shall ensure that policies and procedures are developed; approved by a pharmacist, medical practitioner, or registered nurse within six months after the effective date of this Chapter; implemented; and complied with and include:
 - 1. A requirement that each client receive instruction in the use of the client's prescribed medication and information regarding:
 - a. The prescribed medication's anticipated results,
 - b. The prescribed medication's potential adverse reactions,
 - c. The prescribed medication's potential side effects, and
 - d. Potential adverse reactions that could result from not taking the medication as prescribed;
 - 2. Requirements for storing medication, including storage of bulk medication and, if applicable, medication that is provided off the premises;
 - 3. Requirements for ensuring that all medication is accounted for, including bulk medication and, if applicable, medication that is provided off the premises;

4. Requirements for disposing of medication;
 5. Procedures for providing medication services;
 6. Procedures for preventing, responding to, and reporting a medication error, an adverse response to a medication, or a medication overdose;
 7. Procedures to ensure that medication is administered to a client only as prescribed and that a client's refusal to take prescribed medication is documented in the client record;
 8. A requirement that verbal orders for medication services be taken only by a nurse, unless otherwise provided by law;
 9. Procedures to ensure that a client's medication regimen is reviewed by a medical practitioner and meets the client's treatment needs;
 10. Procedures for documenting medication services;
 11. Procedures for assisting a client in obtaining medication; and
 12. Procedures for providing medication services off the premises, if applicable.
- B.** A licensee shall ensure that medication administration is provided only by a medical practitioner, nurse, or other individual authorized by law to provide medication administration.
- C.** A licensee shall ensure that medication monitoring for a client is provided as follows:
1. A nurse or medical practitioner collects:
 - a. Information from the client regarding:
 - i. Benefits experienced from the medication,
 - ii. Any adverse reactions experienced from the medication, and
 - iii. Any side effects experienced from the medication; and
 - b. Medical information as required by the client's medical practitioner; and
 2. A registered nurse or medical practitioner analyzes the client's information and determines whether the medication is achieving the desired effect.
- D.** A licensee shall ensure that medication adjustment is provided only by a medical practitioner.
- E.** A licensee shall ensure that the following texts are available and accessible at the facility, with copyright dates that are no more than two years before the current date:
1. A drug reference guide, such as the Physician Desk Reference; and
 2. A toxicology reference book.
- F.** A licensee shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, schedule III drug listed in A.R.S. § 36-2514, or schedule IV drug listed in A.R.S. § 36-2515, to include:
1. The name of the medication;
 2. The date and quantity of the medication received by the agency;
 3. The name of the individual who ordered the medication;
 4. The name of each client for whom the medication is prescribed;
 5. The date, time, and dosage of each medication administration;
 6. The signature and professional credential or job title of each staff member administering the medication; and
 7. The amount of medication remaining in the container after each medication administration.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under

an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-304. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-305. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-306. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-307. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-308. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-309. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary

of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-310. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors in subsections (F) and (G) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-311. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 4. RESIDENTIAL AGENCY REQUIREMENTS

R9-20-401. Supplemental Admission Requirements

A. A licensee shall ensure that:

1. A client who is an adult receives a nursing assessment within seven days after the date of the client's admission unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner;
2. A client who is a child receives a physical examination within seven days after the date of the client's admission unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a medical practitioner; and
3. A client receives a Mantoux skin test for infectious pulmonary tuberculosis within seven days after the date of the client's admission, unless the client has documentation of the client's freedom from infectious pulmonary tuberculosis in the client's record from another residential agency, inpatient treatment program, or adult therapeutic foster home and was discharged from the other residential agency, inpatient treatment program, or adult therapeutic foster home no more than seven days before the date of the client's admission. If a client's Mantoux skin test is positive, the licensee shall ensure that the client is examined by a medical practitioner to determine whether the client is free from infectious pulmonary tuberculosis and documentation of the client's freedom from infectious pulmonary tuberculosis is maintained in the client's record.

B. A licensee of a residential agency shall ensure that a client receives orientation to the agency, within 24 hours after admission to the agency or arrival on the premises, that:

1. Includes:
 - a. An explanation of the behavioral health services the agency provides;
 - b. A description of the expectations for the client's behavior and of any program rules;
 - c. A tour of the premises and identification of the evacuation path;
 - d. A schedule of the client's planned activities; and
 - e. Introductions to staff members and employees at the facility at the time of the client's orientation; and
2. Is documented by having the client sign and date an acknowledgment that the client has completed orientation.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-402. Supplemental Requirements for Social, Recreational, or Rehabilitative Activities

A licensee shall ensure that social, recreational, or rehabilitative activities are provided at an agency each day and are:

1. Scheduled to fill the hours that a client is not involved in other planned or structured activities;
2. Planned at least seven days in advance;
3. Advertised by a notice conspicuously posted on a calendar that:
 - a. Includes any substitution to an activity; and
 - b. Is maintained on the premises or at the administrative office for at least six months after the last date on the calendar; and
4. Developed based upon:
 - a. Client input or, if applicable, input from a client's parent, guardian, custodian, designated representative, or agent; and
 - b. The clients' ages, developmental capabilities, and treatment needs.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-403. Supplemental Requirements for Client Funds

A. A licensee shall ensure that a client's funds are managed by:

1. The client;
2. The client's parent or guardian;
3. The client's custodian;
4. The client's agent; or
5. The licensee through:

- a. A representative payee agreement established and administered as required by the Social Security Administration, or
 - b. A personal funds account established and administered according to this Section.
- B.** A licensee shall ensure that if the licensee manages a client's money through a personal funds account, the personal funds account is only initiated after receiving a written request that:
 - 1. Is provided voluntarily by:
 - a. The client,
 - b. The client's parent or guardian,
 - c. The client's custodian,
 - d. The client's agent, or
 - e. A court of competent jurisdiction;
 - 2. May be withdrawn at any time; and
 - 3. Is maintained in the client record.
- C.** A licensee of an agency that manages client funds through personal funds accounts shall ensure that a policy and procedure is developed, implemented, and complied with for:
 - 1. Using client funds in a personal funds account;
 - 2. Protecting client funds in a personal funds account;
 - 3. Investigating a grievance about the use of client funds in a personal funds account and ensuring that the grievance is investigated by an individual who does not manage a personal funds account;
 - 4. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
 - 5. Processing each deposit into and withdrawal from a personal funds account.
- D.** A licensee of an agency that manages client funds through a personal funds account shall ensure that:
 - 1. The administrator or the administrator's designee:
 - a. Is responsible for each personal funds account; and
 - b. Initiates, maintains, and closes a personal funds account according to a voluntary written authorization from an individual listed in subsection (B)(1);
 - 2. No more than \$250 in a client's funds is maintained at the agency;
 - 3. A client's funds in excess of \$250 are maintained in an interest-bearing bank account in which the client's funds and the accrued interest attributable to the client's funds are the property of the client;
 - 4. A client who withdraws client funds from a personal funds account that includes funds that are maintained in an interest-bearing bank account receives the accrued interest attributable to the client's funds;
 - 5. A bond is maintained in the amount necessary to cover all client personal funds accounts maintained at the agency;
 - 6. A personal funds account is maintained separately from any other account at the agency;
 - 7. A staff member, employee, intern, or volunteer who is not a family member of the client has no direct or indirect ownership or survivorship interest in a client's personal funds account;
 - 8. Except for fees that a client is responsible to pay and is notified of according to R9-20-208(G)(2) and R9-20-201(E)(1) and (2), a client's funds in a personal funds account are not used for items, behavioral health services, or ancillary services that the agency is required to provide;
 - 9. A separate record for each client's personal funds account:
 - a. Is maintained on the premises;
 - b. Includes copies of receipts for all purchases made using client funds from the personal funds account;
 - c. Includes documentation of all deposits and withdrawals; and
 - d. During the agency's hours of operation or at another time agreed to by the administrator or clinical director, is available for review by a client; a client's parent, guardian, or custodian; a client's agent; or an official of a court of competent jurisdiction;
- 10. A withdrawal from a client's personal funds account:
 - a. Is made only with written authorization from the client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction;
 - b. Is only made for the use and benefit of the client;
 - c. Is not made for the purpose of enabling a client to purchase something that would place the client or another individual in immediate danger; and
 - d. Is immediately documented in the client's personal funds account record, to include:
 - i. The date of the withdrawal;
 - ii. The amount of the withdrawal;
 - iii. The name of the individual or entity requesting or authorizing the withdrawal;
 - iv. The purpose of the withdrawal; and
 - v. The name, signature, and professional credential or job title of the administrator or the administrator's designee who provided the funds withdrawn to the client;
- 11. A copy of a client's personal funds account record is provided to a client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction at least once every three months, unless otherwise provided by law;
- 12. Documentation is made each time that a copy of a client's personal funds account record is provided as described in subsection (D)(11), to include:
 - a. The name of the individual or entity to whom the record was provided,
 - b. The name of the individual providing the record, and
 - c. The date that the record was provided; and
- 13. At the time of a client's discharge, the balance of the client's funds in the client's personal funds account and a copy of the client's personal funds account record are provided to the client; the client's parent, guardian, or custodian; the client's agent; or an official of a court of competent jurisdiction; or as otherwise provided by law.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-404. Supplemental Requirements for an Agency that Provides Behavioral Health Services to Children

- A.** A licensee shall ensure that:
 - 1. The telephone number and address of Arizona Department of Economic Security Office of Child Protective Services is conspicuously posted and provided to the client's parent, guardian, or custodian according to the requirements in R9-20-208(G)(4)(e);
 - 2. A child does not receive any of the following from other children at the agency:

- a. Threats,
 - b. Ridicule,
 - c. Verbal harassment,
 - d. Punishment, or
 - e. Abuse by other children;
 3. A child does not receive punishment that involves the infliction of pain or injury to the body of the child;
 4. A client who is a child does not:
 - a. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (B); or
 - b. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (B);
 5. A child older than three years of age does not sleep in a crib;
 6. Clean and hazard-free toys, educational materials, and sports equipment are available and accessible to children on the premises in a quantity sufficient to meet each child's needs and are appropriate to each child's age, developmental level, and treatment needs;
 7. The living areas of the facility are decorated in a manner appropriate to the ages of the children served at the agency;
 8. A child's educational needs are met, including providing or arranging for transportation, if a child is out of school and receiving treatment for seven days or more:
 - a. By establishing and maintaining an educational component, approved in writing by the Arizona Department of Education; or
 - b. As arranged and documented by the licensee through the local school district; and
 9. The immunization requirements in 9 A.A.C. 6, Article 7 are met, if applicable.
- B.** A licensee may continue to provide behavioral health services to a client who is age 18 or older:
1. If the client was admitted to the agency before the client's 18th birthday and is completing high school or a high school equivalency diploma or is participating in a job training program; or
 2. Through the last day of the month of the client's 18th birthday.
- Historical Note**
- Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).
- R9-20-405. Environmental Standards**
- A.** A licensee of a residential agency or an inpatient treatment program shall ensure that the premises have:
1. An indoor common area, that is not used as a sleeping area, and that has:
 - a. A working telephone that allows a client to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;
 - e. A working television and access to a radio; and
 - f. Space sufficient to accommodate the social and recreational needs of clients and to allow private conversations and group activities;
 2. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 3. For every six clients, at least one working toilet that flushes and one sink with running water;
 4. For every eight clients, at least one working bathtub or shower, with a slip resistant surface;
 5. A separate lockable storage space for each client according to the agency's policy and procedure; and
 6. An outdoor area that:
 - a. Is accessible to clients,
 - b. Has sufficient space to accommodate the social and recreational needs of clients, and
 - c. Has shaded and unshaded areas.
- B.** A licensee of a residential agency or an inpatient treatment program shall ensure that a client's sleeping area is in a bedroom that:
1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
 2. For an agency licensed after the effective date of this Chapter, has walls from floor to ceiling;
 3. Contains a door that opens into a hallway, common area, or the outside;
 4. Is constructed and furnished to provide unimpeded access to the door;
 5. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
 6. Contains the following for each client:
 - a. An individual storage space, such as a dresser or chest;
 - b. A table or other surface;
 - c. Except for a child who sleeps in a crib as permitted in R9-20-404(A)(5), a bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - d. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the client's warmth; and
 7. Contains:
 - a. Lighting sufficient for a client to read;

- b. Windows or doors with adjustable window or door covers that provide client privacy, if applicable; and
- c. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside, unless the facility contains an automatic sprinkler system as required in R9-20-406(C)(3)(b), that is no higher than 20 feet above grade and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
 - iii. Is large enough, accessible to a client, and within the capability of the client to egress in an emergency.
- C. If a licensee's agency was licensed before the effective date of this Chapter with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room, the licensee may operate the agency with a shared bedroom containing at least 50 square feet of floor space, not including a closet, for each individual occupying the room.
- D. A licensee shall ensure that:
 - 1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Chapter;
 - 2. Clean linens and bath towels are provided to a client as needed and at least once every seven days;
 - 3. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use; and
 - 4. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or food storage area or a dining area.
- E. A licensee shall ensure that:
 - 1. Except for an agency located in a correctional facility, a client is not locked into a bedroom; and
 - 2. If a client's bedroom is capable of being locked from the inside, a staff member has a key that allows access to the bedroom at all times.
- F. A licensee shall ensure that clients are assigned to a bedroom:
 - 1. As required in R9-20-404(A)(4)(a), if applicable;
 - 2. To ensure client health, safety, and welfare; and
 - 3. After considering a client's:
 - a. Age;
 - b. Gender;
 - c. Developmental level;
 - d. Behavioral health issues;
 - e. Treatment needs; and
 - f. Need for group support, independence, and privacy.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by

exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-406. Fire Safety Standards

- A. A licensee of a residential agency or an inpatient treatment program shall ensure that a fire inspection is conducted at least every 12 months by the local fire department, the Office of the State Fire Marshal, or a designee of the Office of the State Fire Marshal.
- B. A licensee of a residential agency or an inpatient treatment program shall ensure that:
 - 1. The agency address is posted on a contrasting background and is visible from the street;
 - 2. A battery operated smoke detector is:
 - a. Installed in each:
 - i. Bedroom,
 - ii. Hallway adjacent to a bedroom,
 - iii. Utility room, and
 - iv. Room or hallway adjacent to a kitchen; and
 - b. In working order;
 - 3. There are at least two means of egress from each bedroom;
 - 4. A multipurpose fire extinguisher with at least a 2A10BC rating is hung on wall brackets with the top of the extinguisher handheld located less than five feet above the floor as follows:
 - a. In the kitchen; and
 - b. One fire extinguisher for every 3,000 square feet in the facility, not including the fire extinguisher in the kitchen;
 - 5. An exit sign is posted above each door to the outside;
 - 6. No extension cord is used in place of permanent wiring;
 - 7. If an extension cord is used on a temporary basis, an extension cord does not exceed seven feet in length; is not fastened to a wall, fixture, floor, or ceiling; and is not placed under a rug;
 - 8. An electrical outlet:
 - a. Is not used beyond its rate of capacity; and
 - b. Has a safety cover placed in each receptacle opening that is not in use;
 - 9. No electrical cord in use is spliced or has tears or exposed wires;
 - 10. Circuit breakers or fuses are labeled;
 - 11. A space heater:
 - a. Is labeled as acceptable by a nationally recognized testing laboratory, such as Underwriters Laboratory, Factory Mutual, or American Gas Association;
 - b. Does not use kerosene or other flammable liquid; and
 - c. Is placed away from a trash can, curtain, towel, or other material that may create a hazard;
 - 12. A fireplace opening is protected by a screen that prevents sparks from leaving the fireplace;
 - 13. The cooking range contains a hood, grease filter, and fan that are free of grease buildup;
 - 14. No flammable liquid or material is stored near a water heater or other heat producing appliance;
 - 15. All walls and ceilings are intact; and
 - 16. A door separating the facility from an attached garage, carport, or storage room is of solid core construction.
- C. A licensee of a residential agency or an inpatient treatment program shall ensure that a facility meets the fire safety requirements of the local jurisdiction and one of the following, as applicable:
 - 1. If licensed for three or fewer clients, meets the requirements in subsections (A) and (B);

2. If licensed for between four and eight clients who are able to evacuate the facility in three minutes or less, has an automatic sprinkler system that complies with subsection (C)(3)(b) or a fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - a. A manual-pull fire alarm system,
 - b. Automatic occupancy notification,
 - c. A smoke or fire detection system, and
 - d. Notification of a local emergency response team;
 3. If licensed for between four and eight clients who are unable to evacuate the facility in three minutes or less, has at least one of the following:
 - a. A fire alarm system that complies with subsection (C)(2) and at least two staff members present at the facility at all times; or
 - b. An automatic sprinkler system installed according to the applicable standard incorporated by reference in R9-1-412(A)(4):
 - i. NFPA 13: Installation of Sprinkler Systems (1999),
 - ii. NFPA 13D: Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes (1999), or
 - iii. NFPA 13R: Standard for Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height (1999);
 4. If licensed for nine or more clients:
 - a. Has an automatic sprinkler system that complies with subsection (C)(3)(b); or
 - b. If a licensee's agency was licensed before the effective date of this Chapter without an automatic sprinkler system, meets the requirements in subsection (C)(2); or
 5. If a secure facility, has an automatic sprinkler system that complies with subsection (C)(3)(b).
- 14-hour time span between the evening meal and the morning meal;
 2. For a correctional facility:
 - a. Three meals a day are served with not more than a 14-hour time span between the evening meal and the morning meal; or
 - b. On Saturday, Sunday, or state and federal holidays, two meals are served.
 3. At least one snack a day is available to clients;
 4. A client's daily nutritional needs are met based upon the client's age, health needs, and, if applicable, prescribed therapeutic diet;
 5. Each meal or snack is served according to a preplanned menu;
 6. Each meal provides a variety of foods from each food group in the Food Guide Pyramid incorporated by reference in R9-20-301(C)(1);
 7. Menus are developed with consideration for client food preferences; eating habits; customs; health needs; appetites; and religious, cultural, and ethnic backgrounds;
 8. Menus are:
 - a. Prepared at least one week before the date food is served;
 - b. Dated and conspicuously posted, reflecting any substitutions made to the menu;
 - c. Approved by a registered dietician at least once every 12 months; and
 - d. Maintained on the premises for at least six months after the date on the menu;
 9. Documentation of the dietician's review is maintained at the facility or administrative office for at least two years after the date of the review;
 10. At least a one-day supply of perishable food and at least a three-day supply of non-perishable food is maintained on the premises; and
 11. If a client needs a therapeutic diet:
 - a. A therapeutic diet is provided to the client; and
 - b. A therapeutic diet manual with a copyright date that is no more than five years before the current date is available and accessible for use by employees or staff members who prepare food at the facility.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (A)(8)(a) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-407. Food Service Requirements

- A. A licensee of an agency that provides behavioral health services to more than 10 clients and serves food on the premises shall:
 1. Comply with 9 A.A.C. 8, Article 1; and
 2. If the licensee contracts with a food establishment to prepare and deliver food to the facility, maintain on the premises or at the administrative office a copy of the food establishment's license issued according to 9 A.A.C. 8, Article 1.
 - B. A licensee shall ensure that:
 1. Except as provided in subsection (B)(2) for a correctional facility, three meals a day are served with not more than a
- C. A licensee shall ensure that:
 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
 2. Food is protected from potential contamination;
 3. Except for food from a garden or orchard, food is obtained only from commercial sources;
 4. If canned food is used, only commercially canned food is used;
 5. Foods requiring refrigeration are maintained at 41° F or below;
 6. Food is cooked according to the requirements in §§ 3-401.11, 3-401.12, and 3-401.13 and reheated according to the requirements in § 3-403.11 of the U.S. Food and Drug Administration publication, Food Code: 1999 Recommendations of the U.S. Public Health Service, Food and Drug Administration (1999), as modified and incorporated by reference in A.A.C. R9-8-107;
 7. Food service is provided by an individual who:
 - a. Is not infected with a communicable disease listed in R9-6-202(A) or (B) that may be transmitted by food handling;
 - b. Washes the individual's hands and arms with soap and warm water:
 - i. Before handling food,
 - ii. After smoking,

- iii. After using the toilet, and
- iv. As often as necessary to remove soil and contamination; and
- c. Maintains or restrains the individual's hair to ensure that food and food-contact surfaces do not come in contact with the individual's hair;
- 8. A refrigerator contains a thermometer, accurate to $\pm 3^{\circ}\text{F}$;
- 9. Raw fruits and raw vegetables are rinsed with water before being cooked or served;
- 10. Food that has been opened or removed from its original container is stored in a dated covered container, a minimum of four inches off the floor, and protected from splash and other contamination;
- 11. Frozen foods are maintained in a frozen state;
- 12. Tableware and eating utensils are provided and are clean and in good repair;
- 13. Food preparation, storage, and service areas are clean, in good repair, and free of insects or rodents;
- 14. Food preparation equipment and food-contact surfaces are clean and in good repair; and
- 15. Second servings of a meal or snack are available to a client at meal or snack time, unless otherwise indicated in the client's treatment plan or the client record.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-408. Assistance in the Self-Administration of Medication

- A.** A licensee shall ensure that a client who requires assistance in the self-administration of medication receives assistance in the self-administration of medication, which may include one or more of the following:
 - 1. Storage of the client's medication;
 - 2. A reminder when it is time to take a medication;
 - 3. Verification that the medication is taken as directed by the client's medical practitioner by:
 - a. Confirming that a medication is being taken by the client for whom it is prescribed;
 - b. Checking the dosage against the label on the container; and
 - c. Confirming that the client is taking the medication as directed;
 - 4. Opening of the medication container for the client; or
 - 5. Observation of the client while the client removes the medication from the container or takes the medication.
- B.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that policies and procedures are developed; approved by a medical practitioner, pharmacist, or registered nurse; implemented; and complied with and include:
 - 1. A requirement that each client receive instruction in the use of the prescribed medication and information regarding:
 - a. The prescribed medication's:
 - i. Anticipated results,
 - ii. Potential adverse reactions, and
 - iii. Potential side effects; and

- b. Potential adverse reactions that could result from not taking the medication as prescribed;
- 2. Procedures for:
 - a. Storage of medication;
 - b. Informing a client when medication should be taken;
 - c. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - d. Observing a client taking medication;
 - e. Preventing, responding to, and reporting a medication error, adverse reaction to medication, or medication overdose;
 - f. Disposing of medication;
 - g. Assisting a client in obtaining medication and ensuring that a client does not run out of medication; and
 - h. Documenting the instruction provided in subsection (B)(1);
- 3. A list of the staff members authorized to assist a client in self-administration of medication and to have access to a client's medication;
- 4. A requirement that a client's medication regimen:
 - a. Be reviewed by a registered nurse or medical practitioner according to the client's treatment needs, and
 - b. Meet the client's treatment needs; and
- 5. A requirement that each instance of assistance in the self-administration of medication be documented.
- C.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:
 - 1. Assistance in the self-administration of medication is provided only by:
 - a. A medical practitioner;
 - b. A nurse; or
 - c. A staff member who has the following skills and knowledge before providing assistance in the self-administration of medication to a client and that are verified by a pharmacist, medical practitioner, or registered nurse according to the requirements in R9-20-204(F)(2)(c) and documented according to R9-20-204(G)(1) through (4), although training to obtain skills and knowledge may be obtained from another agency, entity or staff member:
 - i. Knowledge of the medications commonly prescribed for clients with behavioral health issues treated by the agency;
 - ii. Knowledge of the common benefits, side effects, and adverse reactions of those medications;
 - iii. Knowledge of the signs, symptoms, or circumstances indicating that a client should not take a medication and of who to contact to review and address the client's situation;
 - iv. Knowledge of the differences between assisting in the self-administration of medication and medication administration;
 - v. Skill in assisting in the self-administration of medication;
 - vi. Knowledge of the medical terminology used in assisting in the self-administration of medication;
 - vii. Knowledge of the signs, symptoms, and indicators of toxicity or overdose and skill in identifying the signs, symptoms, and indicators of toxicity or overdose;
 - viii. Skill in responding to a medication error or medical emergency; and

- ix. Skill in documenting assistance in the self-administration of medication;
- 2. A staff member qualified according to subsection (C)(1) is present at the facility at all times when a client who needs assistance in the self-administration of medication is present at the facility; and
- 3. A staff member who is not a medical practitioner or nurse receives training in the items listed in subsection (C)(1)(c) from another agency, entity or staff member at least once every 12 months according to R9-20-206(B)(2) and that the training is documented according to R9-20-206(B)(4).
- D.** A licensee shall ensure that if a client receives assistance in the self-administration of injectable medication, the client:
 - 1. Has written authorization from a medical practitioner;
 - 2. Receives instruction from a nurse or medical practitioner in administering the injectable medication and demonstrates to the nurse or medical practitioner that the client is capable of administering the injectable medication; and
 - 3. Disposes of used syringes, vials, and testing materials in a manner that protects the health and safety of the client and other individuals.
- E.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication regimen is reviewed to determine if the client's medication regimen is meeting the client's treatment needs:
 - 1. By a registered nurse or medical practitioner, and
 - 2. According to the timeline determined by the client and the client's medical practitioner.
- F.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a medication error or a client's adverse reaction to a medication is immediately reported to the clinical director or the clinical director's designee and recorded in the client record.
- G.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that the following texts are available and accessible to a staff member assisting in the self-administration of medication at the facility or off the premises:
 - 1. A drug reference guide, such as the Physician Desk Reference, with a copyright date that is no more than two years before the current date; and
 - 2. A toxicology reference book, with a copyright date that is no more than five years before the current date.
- H.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a client's medication:
 - 1. Is stored in one of the following containers:
 - a. An original labeled container that indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the individual prescribing the medication; and
 - iv. The date that the medication was prescribed; or
 - b. In a medication organizer that:
 - i. May be prepared up to one week in advance;
 - ii. States the client's name and the date prepared;
 - iii. Is prepared according to a medical practitioner's orders; and
 - iv. Is prepared by a medical practitioner; a nurse; a client or the client's parent, guardian, family member, custodian, or agent with observation from a medical practitioner, nurse, or staff member qualified according to subsection (C)(1); or another individual authorized by state law;
 - 2. Is stored in a locked container, cabinet, or area that is inaccessible to a client and that complies with the medication manufacturer's recommendations;
 - 3. While unlocked, is not left unattended by a staff member; and
 - 4. If medication for other than oral administration, is stored separately from medication for oral administration.
- I.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a staff member qualified according to subsection (C)(1) conducts an inspection of the medication storage area or areas at least once every three months to ensure compliance with this Section and documents the results of the inspection, to include:
 - 1. The name of the staff member conducting the inspection,
 - 2. The date of the inspection,
 - 3. The area or areas inspected,
 - 4. Whether medication is stored according to the requirements in this Section,
 - 5. Whether medication is disposed of according to the requirements in this Section, and
 - 6. Any action taken to ensure compliance with the requirements in this Section.
- J.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that:
 - 1. Medication is disposed of when:
 - a. The medication has expired, according to the date on the medication container label;
 - b. The label on the medication container is missing or illegible;
 - c. The client's medical practitioner orders that the client discontinue use of the medication;
 - d. The client's medical practitioner orders that the client's medication not be released to the client at the time of the client's discharge or transfer; and
 - e. When required by state or federal law or the agency's policy and procedure;
 - 2. Medication is disposed of by at least two staff members qualified according to subsection (C)(1); and
 - 3. Medication disposal is documented in the client record, to include:
 - a. The date of disposal,
 - b. The method of disposal, and
 - c. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed.
- K.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a separate medication record is maintained for each client that:
 - 1. Is current and accurate;
 - 2. Documents each instance when a client received assistance in the self-administration of medication;
 - 3. Is maintained at the agency where the client receives treatment; and
 - 4. Contains the following:
 - a. The name of the client;
 - b. The name of the medication and dosage and directions for taking the medication;
 - c. The name of the medical practitioner who prescribed the medication;
 - d. The date and time the medication was taken by the client;
 - e. If the assistance in the self-administration of medication occurred off the premises, the location where it occurred;

- f. The observations of the staff member, if applicable;
 - g. The signature or initials and professional credential or job title of the staff member providing assistance in the self-administration of medication; and
 - h. The signature or initials of the client receiving assistance in the self-administration of medication.
- L.** A licensee of an agency that provides assistance in the self-administration of medication shall ensure that a record is maintained for storage and administration of a medication that is a schedule II drug listed in A.R.S. § 36-2513, a schedule III drug listed in A.R.S. § 36-2514, or a schedule IV drug listed in A.R.S. § 36-2515, to include:
- 1. The name of the medication;
 - 2. The date and quantity of the medication received by the agency;
 - 3. The name of the individual who ordered the medication;
 - 4. The name of each client for whom the medication is prescribed;
 - 5. The date, time, and dosage of each medication administration;
 - 6. The signature and professional credential or job title of each staff member assisting in the self-administration of the medication; and
 - 7. The amount of medication remaining in the container after each self-administration of medication.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (B) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-409. Supplemental Requirements for a Level 2 Behavioral Health Residential Agency

A licensee of a Level 2 behavioral health residential agency shall ensure that:

- 1. The agency has a written agreement with a behavioral health medical practitioner and a registered nurse to provide treatment as needed;
- 2. The written agreement described in subsection (1) is maintained on the premises or at the administrative office;
- 3. A behavioral health professional is present at the facility or on-call at all times;
- 4. A behavioral health professional is present at the facility and available to see clients at least once a week and sees and interacts with each client at least once a month;
- 5. Progress notes are written in a client record at least once a day; and
- 6. A client receives:
 - a. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities; and
 - b. Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client

to live independently or to enhance a client's independence.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-410. Supplemental Requirements for a Level 3 Behavioral Health Residential Agency

A licensee of a Level 3 behavioral health residential agency shall ensure that:

- 1. The agency has a written agreement with a behavioral health professional and a registered nurse to provide treatment as needed;
- 2. The agreement described in subsection (1) is maintained on the premises or at the administrative office;
- 3. Progress notes are written in a client record:
 - a. At least once a day for the first seven days after admission, and
 - b. At least once a week thereafter; and
- 4. A client receives:
 - a. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities; and
 - b. Age-appropriate training or skill building in communication, the development and maintenance of productive interpersonal relationships, and occupational or recreational activities intended to prepare a client to live independently or to enhance a client's independence.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-411. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (F)(6) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-412. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary

of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-413. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 5. INPATIENT TREATMENT PROGRAM REQUIREMENTS

R9-20-501. Universal Inpatient Treatment Program Requirements

- A.** A licensee of an inpatient treatment program shall designate in writing a medical director who is:
 - 1. A psychiatrist or a physician with behavioral health work experience, and
 - 2. In charge of medical services at the agency.
- B.** A licensee of an inpatient treatment program shall ensure that a behavioral health medical practitioner is present at the facility or on-call at all times to admit an individual to the inpatient treatment program or to respond to the needs of clients.
- C.** A licensee of an inpatient treatment program shall ensure that:
 - 1. If a client requires medical services that the agency is not authorized or able to provide, a staff member provides transportation or arranges for the client to be transported to a hospital or another health care institution where the medical services can be provided;
 - 2. The licensee has a written agreement with a hospital in or near the community where the agency is located to provide medical services for clients who require medical services that the agency is not authorized or able to provide; and
 - 3. The written agreement described in subsection (C)(2) is maintained on the premises or at the administrative office.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-502. Supplemental Requirements for a Level 1 Psychiatric Acute Hospital

- A.** A licensee of a Level 1 psychiatric acute hospital shall ensure compliance with the following:
 - 1. The requirements for a general hospital, rural general hospital, or special hospital contained in 9 A.A.C. 10, Article 2, unless:
 - a. The agency was licensed as a Level 1 psychiatric acute care behavioral health facility before the effective date of this Chapter; and

- b. The agency is not certified under Title XIX of the Social Security Act;
- 2. If the agency is certified under Title XIX of the Social Security Act, as verified by the Department:
 - a. 42 CFR 456.160 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - b. 42 CFR 441.102 (2002), or 42 CFR 456.180 through 456.181 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - c. 42 CFR 456.200 through 456.213 (2002), and 42 CFR 482.30 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - d. 42 CFR 456.170 through 456.171 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - e. 42 CFR 456.231 through 456.238 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - f. 42 CFR 456.241 through 456.245 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - g. 42 CFR 456, Subpart J (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - h. 42 CFR 482.13(f) (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954; and

- i. 42 CFR 482.61 and 482.62 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - 3. If the agency is certified to receive funds under Title XIX of the Social Security Act and provides treatment to an individual under the age of 21, 42 CFR 441.150 through 441.156 (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - 4. R9-20-401;
 - 5. R9-20-402;
 - 6. R9-20-403; and
 - 7. R9-20-405.
- B.** A licensee of a Level 1 psychiatric acute hospital shall ensure that a behavioral health technician is available at all times to initiate an admission of an individual to the agency.
- C.** A licensee of a Level 1 psychiatric acute hospital shall ensure that:
- 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification,
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamper tied into the fire alarm control panel.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (J)(1) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-503. Supplemental Requirements for Crisis Services

- A.** A licensee of an agency that provides crisis services shall ensure that:
- 1. Policies and procedures are developed, implemented, and complied with for providing crisis services and ensuring that a staff member providing crisis services has skills and knowledge in providing crisis services; and
 - 2. Crisis services are available at all times.
- B.** A licensee of an agency that provides crisis services shall ensure that:
- 1. A psychiatrist or a physician with behavioral health work experience is present at the facility or on-call at all times;
 - 2. A registered nurse is present at the facility at all times; and
 - 3. A staff member who provides crisis services has skills and knowledge in providing crisis services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C.** A licensee of an agency that provides crisis services shall ensure that:
- 1. An individual who arrives at the agency and is in need of immediate medical services is examined by a physician or a registered nurse as soon as possible and is admitted to the agency or transferred to an entity capable of meeting the individual's immediate medical needs;
 - 2. Within 24 hours after an individual has arrived at the agency, a physician determines whether the individual will be:
 - a. Admitted to the agency for treatment,
 - b. Transferred to another entity capable of meeting the individual's needs, or
 - c. Provided a referral to another entity capable of meeting the individual's needs; and
 - 3. A client who, in the judgment of a physician or registered nurse, does not need immediate medical services receives:
 - a. An assessment and treatment plan, according to R9-20-209; and
 - b. The treatment identified in the individual's treatment plan.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-504. Supplemental Requirements for Detoxification Services

- A.** A licensee of an agency that provides detoxification services shall ensure that:
- 1. Policies and procedures are developed, implemented, and complied with for providing detoxification services and ensuring that a staff member providing detoxification services has skills and knowledge in providing detoxification services;
 - 2. The agency's program description, completed according to R9-20-201(A)(2), includes:
 - a. Whether the agency provides involuntary, court-ordered alcohol treatment;

- b. Whether the agency contains a local alcoholism reception center, as defined in A.R.S. § 36-2021; and
 - c. A description of:
 - i. The types of substances for which the agency provides detoxification services, and
 - ii. The detoxification process or processes used by the agency; and
- 3. Detoxification services are available at all times.
- B.** A licensee of an agency that provides detoxification services shall ensure that:
 - 1. A psychiatrist or physician with skills and knowledge in providing detoxification services is present at the facility or on-call at all times;
 - 2. A registered nurse is present at the facility at all times; and
 - 3. A staff member who provides detoxification services has skills and knowledge in providing detoxification services that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4).
- C.** A licensee of an agency that provides detoxification services shall ensure that a client in need of immediate medical services is admitted to the agency or transferred to an entity capable of meeting the client's immediate medical needs.
- D.** A licensee of an agency that provides detoxification services shall ensure that a client's treatment plan addresses the client's need for laboratory testing, such as drug screening.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-505. Supplemental Requirements for a Level 1 RTC

- A.** A licensee of a Level 1 RTC shall ensure compliance with the following:
 - 1. 42 CFR 441.150 through 441.156 (2002), incorporated by reference in R9-20-502(A)(3);
 - 2. 42 CFR 456.180, incorporated by reference in R9-20-502(A)(2)(b);
 - 3. 42 CFR 456, Subpart J, incorporated by reference in R9-20-502(A)(2)(g);
 - 4. 42 CFR Part 483, Subpart G, (2002), incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
 - 5. R9-20-401;
 - 6. R9-20-402;
 - 7. R9-20-403;
 - 8. R9-20-404(A)(1) through (A)(3), (A)(5) through (A)(9), and (B).
 - 9. R9-20-405; and
 - 10. R9-20-407.
- B.** A licensee of a Level 1 RTC shall ensure that:
 - 1. A registered nurse is present at the facility full time to provide or oversee medical services; and
 - 2. A nurse is present at the facility at all times.
- C.** A licensee of a Level 1 RTC shall ensure that within 24 hours after an individual's arrival at the agency, the individual is:
 - 1. Admitted to the agency for treatment,

- 2. Transferred to another entity capable of meeting the individual's needs, or
- 3. Provided a referral to another entity capable of meeting the individual's needs.
- D.** A licensee of a Level 1 RTC shall ensure that a client who is a child does not:
 - 1. Share a bedroom, indoor common area, dining area, outdoor area, or other area where behavioral health services or activities are provided with a client age 18 or older, unless the client age 18 or older is a client described under subsection (E)(2); or
 - 2. Interact with a client who is age 18 or older, unless the client age 18 or older is a client described under subsection (E)(2).
- E.** A licensee of a Level 1 RTC may:
 - 1. Admit an individual who is younger than 21; and
 - 2. Continue to provide behavioral health services to a client age 18 or older until the client reaches the age of 22 if the client was admitted to the agency before the client's 21st birthday and continues to require treatment.
- F.** A licensee of a Level 1 RTC shall ensure that:
 - 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification,
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamper tied into the fire alarm control panel.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-506. Supplemental Requirements for a Level 1 Sub-Acute Agency

- A.** A licensee of a Level 1 sub-acute agency shall ensure compliance with the following:
 - 1. If the agency is certified under Title XIX of the Social Security Act, R9-20-505(A)(1) through (5);
 - 2. R9-20-401,
 - 3. R9-20-402,
 - 4. R9-20-403,
 - 5. R9-20-404,
 - 6. R9-20-405, and
 - 7. R9-20-407.

- B.** A licensee of a Level 1 sub-acute agency shall ensure that a behavioral health technician is available at all times to admit an individual to the agency.
- C.** A licensee of a Level 1 sub-acute agency shall ensure that:
 - 1. A written agreement is developed, implemented, and maintained at the facility or administrative office to provide the services of a psychiatrist as needed by the agency;
 - 2. A behavioral health medical practitioner is present at the facility and available to see clients at least five days a week and sees and interacts with each client at least once a week;
 - 3. A registered nurse is present at the facility full time to provide or oversee medical services;
 - 4. A nurse is present at the facility at all times; and
 - 5. There is a sufficient number of behavioral health professionals to meet the needs of the clients.
- D.** A licensee of a Level 1 sub-acute agency shall ensure that within 24 hours after a client's admission:
 - 1. A client who is an adult receives a nursing assessment from a registered nurse or a medical practitioner unless medical records are provided indicating that the client has received a physical examination or a nursing assessment within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a registered nurse or a medical practitioner;
 - 2. A client who is a child receives a physical examination from a medical practitioner unless medical records are provided indicating that the client has received a physical examination within the 12 months before the date of the client's admission and the medical records are reviewed and verified as complete by a medical practitioner; and
 - 3. A psychiatrist or behavioral health medical practitioner:
 - a. Conducts the assessment or reviews the assessment and reviews other written information or records concerning the client, and
 - b. Interacts with the client.
- E.** A licensee of a Level 1 sub-acute agency shall ensure that a progress note is written in a client record at least once every shift.
- F.** A licensee of a Level 1 sub-acute agency shall ensure that:
 - 1. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction;
 - 2. The most recent fire inspection report and documentation of any corrections stated in the inspection report are maintained on the premises or at the administrative office; and
 - 3. The facility meets the fire safety requirements of the local jurisdiction and has:
 - a. A fire alarm system, installed according to NFPA 72: National Fire Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - i. A manual-pull fire alarm system,
 - ii. Automatic occupancy notification,
 - iii. A smoke or fire detection system, and
 - iv. Notification of a local emergency response team; and
 - b. An automatic sprinkler system that:
 - i. Is installed as required in R9-20-406(C)(3)(b);
 - ii. Has a water flow device; and
 - iii. Has all control valve tamper tied into the fire alarm control panel.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 6. USE OF RESTRAINT OR SECLUSION**R9-20-601. Definitions**

In addition to the definitions in R9-20-101, the following definitions apply in this Article unless otherwise specified:

- 1. "Emergency safety situation" means unanticipated client behavior that creates a substantial and imminent risk that the client may inflict injury, and has the ability to inflict injury, upon:
 - a. The client, as evidenced by threats or attempts to commit suicide or to inflict injury on the client; or
 - b. Another individual, as evidenced by threats or attempts to inflict injury on another individual or individuals, previous behavior that has caused injury to another individual or individuals, or behavior that places another individual or individuals in reasonable fear of sustaining injury.
- 2. "Minor" means:
 - a. An individual under the age of 18 who is not an emancipated child, or
 - b. A client who has been declared legally incompetent by a court of competent jurisdiction.
- 3. "Serious injury" means any significant impairment of the physical condition of the client as determined by a medical practitioner or nurse.
- 4. "Serious occurrence" means:
 - a. A serious injury,
 - b. A client's death, or
 - c. A client's suicide attempt.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-602. Requirements for Use of Restraint or Seclusion

A. A licensee shall ensure that:

- 1. A policy and procedure is developed, implemented, and complied with:
 - a. For the use of each type of restraint or seclusion; and
 - b. That identifies the qualifications of a staff member to:
 - i. Order restraint or seclusion;
 - ii. Place a client in restraint or seclusion;
 - iii. Monitor a client in restraint or seclusion; and
 - iv. Evaluate a client's physical and psychological well being within one hour after being placed in restraint or seclusion and upon being released from restraint or seclusion;

2. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
 3. An order for restraint or seclusion:
 - a. Is not written as a PRN order; and
 - b. If a drug used as a restraint is ordered, the dosage is not written as PRN;
 4. Restraint or seclusion does not result in harm to a client and is only used:
 - a. To ensure the safety of the client or another individual during an emergency safety situation;
 - b. After other available less restrictive methods to control the client's behavior have been tried and were unsuccessful; and
 - c. Until the emergency safety situation has ceased and the client's safety and the safety of others can be ensured, even if the restraint or seclusion order has not expired; and
 5. Restraint and seclusion are not used on a client simultaneously, except in a Level 1 psychiatric hospital where restraint and seclusion may be used simultaneously if the client receives continuous:
 - a. Face-to-face monitoring by a staff member; or
 - b. Video and audio monitoring by a staff member who is in close proximity to the client.
- B.** A licensee shall ensure that restraint or seclusion is performed in a manner that is:
1. Safe; and
 2. Proportionate and appropriate to the severity of a client's behavior and to the client's:
 - a. Chronological and developmental age;
 - b. Size;
 - c. Gender;
 - d. Physical condition;
 - e. Medical condition;
 - f. Psychiatric condition; and
 - g. Personal history, including any history of physical or sexual abuse.
- C.** A licensee shall ensure that:
1. Restraint or seclusion is only ordered by:
 - a. A physician providing treatment to the client; or
 - b. If a physician providing treatment to the client is not present on the premises or on-call:
 - i. If the agency is a Level 1 psychiatric acute hospital, another physician, or a nurse practitioner; or
 - ii. If the agency is a Level 1 sub-acute agency, a Level 1 RTC, or a Level 1 specialized transitional agency, a medical practitioner;
 2. If the individual who orders restraint or seclusion is not present, the individual's verbal order is obtained by a nurse at the time the restraint or seclusion is initiated;
 3. An individual who orders restraint or seclusion:
 - a. Is available to staff members for consultation, at least by telephone, throughout the period of the restraint or seclusion; and
 - b. Orders the least restrictive restraint or seclusion that is likely to resolve the emergency safety situation, based upon consultation with staff members at the agency;
 4. An order for restraint or seclusion includes:
 - a. The name of the individual ordering the restraint or seclusion;
 - b. The date and time that the restraint or seclusion was ordered;
 - c. The specific restraint or seclusion ordered;
 - d. The specific criteria for release from restraint or seclusion without an additional order; and
 - e. The maximum duration authorized for the restraint or seclusion;
 5. An order for restraint or seclusion is limited to the duration of the emergency safety situation and does not exceed:
 - a. Three hours for a client who is 18 years of age or older;
 - b. Two hours for a client who is between the ages of nine and 17; or
 - c. One hour for a client who is younger than nine;
 6. An individual ordering restraint or seclusion signs the order as soon as possible after the date of the order; and
 7. If the individual ordering the use of restraint or seclusion is not a physician providing treatment to the client, the individual ordering restraint or seclusion:
 - a. Consults with the medical practitioner providing treatment as soon as possible and informs that medical practitioner of the emergency safety situation that required the client to be restrained or placed in seclusion; and
 - b. Provides documentation for the client record of the date and time that the medical practitioner providing treatment to the client was consulted.
- D.** A licensee shall ensure that a face-to-face assessment of a client's physical and psychological well-being is performed within one hour after the initiation of restraint or seclusion by:
1. For a Level 1 psychiatric acute hospital, a physician or nurse practitioner, who is either onsite or on-call at the time that the restraint or seclusion was initiated; or
 2. For a Level 1 RTC, a Level 1 sub-acute agency, or a Level 1 specialized transitional agency, a registered nurse with at least one year of full time behavioral health work experience, who is either onsite or on-call at the time that the restraint or seclusion was initiated.
- E.** A licensee shall ensure that the face-to-face assessment, described in subsection (D) determines:
1. The client's physical and psychological status,
 2. The client's behavior,
 3. The appropriateness of the restraint or seclusion used,
 4. Whether the emergency safety situation has passed; and
 5. Any complication resulting from the restraint or seclusion used.
- F.** A licensee shall ensure that a staff member documents a client's restraint or seclusion in the client record:
1. Before the end of the shift in which restraint or seclusion occurs; or
 2. If the restraint or seclusion does not end during the shift in which it began, during the shift in which restraint or seclusion ends.
- G.** A licensee shall ensure that a record is maintained at the agency of each emergency safety situation that includes:
1. Each use of restraint or seclusion;
 2. Each order for restraint or seclusion, as required in subsection (C);
 3. The times the restraint or seclusion actually began and ended;
 4. The time and results of the face-to-face assessment required in subsections (D) through (E), (J)(2), and (K) as applicable;
 5. Documentation of the monitoring required in subsections (H) and (I);
 6. The emergency safety situation that required the client to be restrained or put in seclusion;

7. The names of the staff members involved in the restraint or seclusion; and
 8. The outcome of each emergency safety situation or use of restraint or seclusion.
- H.** A licensee shall ensure that a client is monitored during a restraint as follows:
1. A staff member monitors the client's physical and psychological well-being and safety during the restraint on a face-to-face basis, except that a Level 1 psychiatric hospital may use video and audio monitoring according to subsection (A)(5)(b), as follows:
 - a. At least once every 15 minutes;
 - b. If the client has a medical condition that may be adversely impacted by the restraint or seclusion, at least once every five minutes; and
 - c. If other clients have access to the client who is restrained or secluded, continuous staff monitoring on a one-to-one basis is provided;
 2. If a client is in a restraint during a mealtime, the client is given the opportunity to eat and drink;
 3. At least once every two hours, the client is given the opportunity to use a toilet; and
 4. If a client is maintained in a mechanical restraint, the restraints are loosened at least once every 15 minutes.
- I.** A licensee shall ensure that:
1. A client is monitored during seclusion according to the requirements in subsection (H)(1);
 2. A room used for seclusion:
 - a. Is designated by the licensee as a room used for seclusion;
 - b. Is not a client's bedroom or a sleeping area;
 - c. Allows staff members full view of the client in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. Contains a metal-framed bed that is bolted to the floor;
 3. If a client is in seclusion during a mealtime, the client is given the opportunity to eat and drink; and
 4. At least once every two hours, a client in seclusion is given the opportunity to use a toilet.
- J.** A licensee shall ensure that if the emergency safety situation continues beyond the time limit of the order, the order for the use of restraint or seclusion may be renewed as follows:
1. An order for the use of restraint or seclusion may be renewed one time, according to the time-frames in subsection (C)(5);
 2. If an emergency safety situation continues after the order is renewed one time, as described in subsection (J)(1), an individual who meets the qualifications in subsection (D) conducts a face-to-face assessment of the client's physical and psychological well-being before another order for restraint or seclusion is renewed; and
 3. No order for restraint or seclusion is renewed for more than 12 consecutive hours without the review and approval of the medical director.
- K.** A licensee of a Level 1 RTC, a Level 1 sub-acute agency, or a Level 1 specialized transitional agency shall ensure that immediately after a client is removed from restraint or seclusion, a medical practitioner or registered nurse with at least one year of full time behavioral health work experience assesses the client's health, safety, and welfare.
- L.** A licensee shall ensure that:
1. If a client is a minor, the parent, guardian, or custodian of the client is notified, or an attempt is made to notify, as soon as possible and no later than one day after the initiation of restraint or seclusion or as requested by the parent, guardian, or custodian of the client; and
2. The notification required in subsection (L)(1) is documented in the client record and includes:
 - a. The date and time of the notification or attempt, and
 - b. The name of the staff member providing the notification.
- M.** A licensee shall ensure that within 24 hours after the use of restraint or seclusion face-to-face debriefings occur or are scheduled to occur within seven days as follows:
1. Both the client, unless the client declines to participate, and all staff members involved in the restraint or seclusion receive a debriefing, although the client and staff member debriefings do not need to occur at the same time;
 2. A client's debriefing is conducted:
 - a. By a behavioral health professional; and
 - b. In a language that is understood by the client and, if present, the client's parent, guardian, or custodian;
 3. A debriefing may include the client's parent, guardian, or custodian and other staff members, if directed by the clinical director or the clinical director's designee;
 4. A debriefing provides the client and staff members the opportunity to discuss the circumstances that resulted in restraint or seclusion and strategies that may be used by the client, staff members, or other individuals to prevent future use of restraint or seclusion; and
 5. Each debriefing is documented at the agency and includes the:
 - a. Date of the debriefing;
 - b. Names of the individuals participating in the debriefing;
 - c. Precipitating factors that led up to the restraint or seclusion;
 - d. Alternative techniques that were used to prevent the use of restraint or seclusion;
 - e. Outcome of the restraint or seclusion, including any injuries that may have resulted from the restraint or seclusion; and
 - f. If any individual was injured, circumstances that caused the injury and a plan to prevent future injuries.
- N.** A licensee shall ensure that, at least once a month, the clinical director or medical director reviews documentation of each use of restraint or seclusion that has occurred at the agency in the past month and:
1. Determines and documents:
 - a. Whether staff members are using restraint or seclusion according to the agency's policy and procedure, this Chapter, and applicable federal or state laws and rules;
 - b. Actions to be taken by the agency to prevent the use of restraint or seclusion, such as additional staff training or changes to agency policy and procedure;
 - c. Whether a client is appropriately placed at the agency; and
 - d. Whether the client's treatment plan should be reviewed or revised to ensure that the client's treatment is meeting the client's treatment needs;
 2. Maintains the documentation in subsection (N)(1) at the agency for six years; and
 3. Provides the documentation in subsection (N)(1) to the Department within two hours of a request for the documentation by the Department.
- O.** A licensee shall ensure that:

1. If restraint or seclusion results in injury to a client, staff members immediately obtain medical treatment for the client;
 2. The licensee is affiliated with or develops and implements a written transfer agreement with one or more hospitals that provide acute medical services or psychiatric acute services and ensures that:
 - a. A client who is injured is transferred to a hospital in time to meet the client's medical or psychiatric needs;
 - b. A client's medical record or other information needed for the client's treatment is exchanged between the hospital; and the licensee according to the requirements in R9-20-211(A)(3) and (B); and
 - c. Medical services or psychiatric services provided by a hospital are available to a client at all times; and
 3. All injuries that occur as a result of a client's restraint or seclusion, including injuries to staff members, are documented in the client record.
- P.** A licensee shall ensure that:
1. If a client involved in a serious occurrence is a minor, the client's parent, guardian, or custodian is notified as soon as possible and no later than 24 hours after the serious occurrence; and
 2. Compliance is maintained with the applicable requirements in R9-20-202(A) and (B).
- Q.** A licensee shall ensure that any staff member, including a medical practitioner, who is involved in ordering restraint or seclusion, performing restraint or seclusion, monitoring a client during restraint or seclusion, or evaluating a client after restraint or seclusion:
1. Before participating in restraint or seclusion, completes education and training:
 - a. That includes:
 - i. Techniques to identify staff member and client behaviors, events, and environmental factors that may trigger emergency safety situations;
 - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
 - iii. The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in a client who is restrained or secluded; and
 - iv. Training exercises in which staff members successfully demonstrate in practice the techniques that they have learned for managing emergency safety situations; and
 - b. Taught by individuals who have education, training, and experience in preventing and using restraint or seclusion;
 2. For a Level 1 RTC and a Level 1 sub-acute agency, demonstrates skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months, that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 3. Successfully completes CPR training that includes a demonstration of the staff member's ability to perform CPR at least once every 12 months; and
 4. Has documentation in the staff member's personnel file indicating compliance with the training requirements of subsections (Q)(1) through (3) and including:
 - a. The date training was completed; and
 - b. The name of the individual verifying the staff member's completion of the training.
- R.** A licensee shall ensure that all training materials related to restraint or seclusion used by the licensee are available for review at the agency.
- S.** If a client is enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, a licensee shall ensure that, in addition to meeting the requirements in this Section, the licensee meets the requirements for restraint or seclusion in 9 A.A.C. 21.
- Historical Note**
- Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).
- R9-20-603. Repealed**
- Historical Note**
- Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).
- R9-20-604. Repealed**
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- ARTICLE 7. LEVEL 1 SPECIALIZED TRANSITIONAL AGENCY**
- R9-20-701. Supplemental Requirements for a Level 1 Specialized Transitional Agency**
- A.** A licensee of a Level 1 specialized transitional agency shall ensure compliance with:
1. A.R.S. Title 36, Chapter 37;
 2. R9-20-402;
 3. R9-20-403; and
 4. R9-20-407.
- B.** A licensee of a Level 1 specialized transitional agency shall ensure that:

1. At the time of admission, a client and, if the client has a guardian or custodian, the client's guardian or custodian, receive a written list and verbal explanation of the client rights in subsections (B)(4) and (C);
 2. A client and, if the client has a guardian or custodian, the client's guardian or custodian acknowledge, in writing, receipt of the written list and verbal explanation required in subsection (B)(1);
 3. A client who does not speak English or who has a physical or other disability that limits the client's ability to understand the client rights without assistance is provided assistance in understanding the client rights; and
 4. A client is afforded the rights listed in A.R.S. §§ 36-504 through 36-514.
- C. A client in a Level 1 specialized transitional agency has the following rights:
1. To be treated with dignity, respect, and consideration;
 2. To be free from:
 - a. Abuse;
 - b. Neglect;
 - c. Exploitation;
 - d. Coercion;
 - e. Manipulation;
 - f. Retaliation; and
 - g. Treatment that involves the denial of:
 - i. Food,
 - ii. The opportunity to sleep, or
 - iii. The opportunity to use the toilet;
 3. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or economic means;
 4. To receive treatment that:
 - a. Supports and respects the client's individual characteristics, strengths, and abilities, while enhancing pro-social decision making and choices;
 - b. Supports the client's ability to increase personal liberty, to the extent possible within the legal restrictions required by court-ordered commitment;
 - c. Is provided in the least restrictive environment that meets the client's treatment needs and is approved by the court;
 5. Not to be impeded from exercising the client's civil rights except those rights limited by a court order;
 6. To submit complaints to outside agencies without constraint or retaliation;
 7. To submit complaints to staff without constraint or retaliation.
 8. To have complaints to staff addressed in a fair, timely, and objective manner;
 9. To seek, speak to, and be assisted by legal counsel:
 - a. Whom the court assigns to the client, or
 - b. Whom the client obtains at the client's own expense;
 10. If enrolled by the Department or a regional behavioral health authority as an individual who is seriously mentally ill, to receive assistance from human rights advocates provided by the Department or the Department's designee in understanding, protecting, or exercising the client's rights;
 11. Upon written request, to review the client's own record during the agency's hours of operation or at a time agreed upon by the clinical director, except as described in R9-20-211(A)(6);
 12. To review the following at the agency or at the Department:
 - a. This Chapter;
 - b. The report of the most recent inspection of the premises conducted by the Department;
 - c. A plan of correction in effect as required by the Department;
 - d. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, the most recent report of inspection conducted by the nationally recognized accreditation agency; and
 - e. If the licensee has submitted a report of inspection by a nationally recognized accreditation agency in lieu of having an inspection conducted by the Department, a plan of correction in effect as required by the nationally recognized accreditation agency;
 13. To participate in and, if the client has a legal guardian or custodian, to have the client's legal guardian or custodian participate in, treatment decisions and the development and periodic review and revision of the client's written treatment plan;
 14. To control the client's own finances except as provided by A.R.S. § 36-507(5)(a);
 15. To receive a verbal explanation of a proposed treatment, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risks or side effects from the proposed treatment, and alternatives to the proposed treatment;
 16. To be offered the treatment or referred for the treatment specified in the client's treatment plan;
 17. To give informed consent to treatment, refuse treatment, or withdraw informed consent to treatment, unless such treatment is ordered by a court under A.R.S. Title 36, Chapter 37, is necessary to save the client's life or physical health, or is provided according to A.R.S. § 36-512;
 18. To participate or refuse to participate in the religious and spiritual activities provided on the premises;
 19. To refuse to perform labor for an agency, except for housekeeping activities and activities to maintain health and personal hygiene;
 20. To be compensated according to state and federal law for labor that primarily benefits the agency and that is not part of the client's treatment plan;
 21. To participate or refuse to participate in research or experimental treatment;
 22. To give informed consent in writing, refuse to give informed consent, or withdraw written informed consent to participate in research or in treatment that is not a professionally recognized treatment;
 23. To refuse to acknowledge gratitude to the agency through written statements, other media, or speaking engagements at public gatherings;
 24. To receive behavioral health services in a smoke-free facility, although smoking may be permitted outside the facility;
 25. To associate in the same housing unit with a current client of the client's choice, who resides in the same housing unit as the client, unless:
 - a. The clinical director determines and documents in the treatment plan a specific treatment purpose that justifies restricting this right,
 - b. The client is informed of the reason why this right is being restricted, and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;

26. To receive visitors and make telephone calls during the hours established by the licensee and conspicuously posted in the facility, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right,
 - b. The client is informed of the reason why this right is being restricted, and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 27. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right,
 - b. The client is informed of the reason why this right is being restricted, and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 28. To send and receive uncensored and unopened mail, unless restricted by court order, or unless:
 - a. The clinical director determines and documents a specific treatment purpose that justifies restricting this right,
 - b. The client is informed of the reason why this right is being restricted, and
 - c. The client is informed of the client's right to file a complaint and the procedure for filing a complaint;
 29. To be provided storage space, capable of being locked, on the premises while the client receives treatment;
 30. To be provided meals to meet the client's nutritional needs, with consideration for the client's dietary restrictions and preferences;
 31. To be assisted in obtaining clean, seasonably appropriate clothing that is in good repair and is selected and owned by the client;
 32. To be provided access to medical services to maintain the client's health, safety, or welfare;
 33. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
 34. To maintain, display, and use personal belongings, including clothing, that have been approved by the clinical director, unless restricted by court order;
 35. To be informed of the requirements necessary for the client's discharge or conditional release to a less restrictive alternative; and
 36. To receive, at the time of discharge or legal transfer, recommendations for treatment after the client is discharged.
- D.** A licensee of a Level 1 specialized transitional agency shall ensure that policies and procedures are developed, implemented, and complied with that include:
1. A description of the clothing that a client is required and permitted to wear;
 2. The process for the issuance and return of a razor or other potentially hazardous object;
 3. Requirements regarding locking a client in the client's bedroom, including:
 - a. The training required for a staff member who locks a client in the client's bedroom;
 - b. The criteria for locking a client in the client's bedroom;
 - c. A requirement that the need for a client to be locked in the client's bedroom be evaluated and adjusted, if necessary, by a psychiatrist or psychologist each time the client's treatment plan is reviewed as required by subsection (F)(3);
 - d. The procedures that may be used to lock a client in the client's bedroom;
 - e. The monitoring that is required while a client is locked in the client's bedroom; and
 - f. The criteria for releasing a client from the client's bedroom;
 4. The process and criteria for determining whether a client is capable of and eligible to self administer medication;
 5. A client's visitation privileges; and
 6. The criteria for using a locking mechanism to restrict a client's movement during transport.
- E.** A licensee of a Level 1 specialized transitional agency shall ensure that, in addition to the staffing requirements contained in R9-20-207, staffing is provided as follows:
1. A medical practitioner is present at the facility at least ten hours a week;
 2. A psychiatrist is present at the facility at least ten hours a week;
 3. A registered nurse is present at the facility at all times;
 4. Each of the following staff members is present at the facility full time:
 - a. A psychologist;
 - b. A social worker;
 - c. A registered nurse with overall responsibility for the provision of nursing services; and
 - d. An individual who provides educational activities and social, recreational, or rehabilitative activities;
 5. Between 7:00 a.m. and 11:00 p.m., at least one behavioral health paraprofessional is present at the facility for every 15 clients;
 6. Between 11:00 p.m. and 7:00 a.m., at least one behavioral health paraprofessional is present at the facility for every 30 clients;
 7. At least two employees responsible for maintaining a safe and secure facility are located outside the facility at all times; and
 8. At least one employee for every 30 clients is responsible for maintaining a safe and secure facility and is located inside the facility at all times.
- F.** A licensee of a Level 1 specialized transitional agency shall ensure that:
1. Within seven days after the date that an individual is committed to the custody of the Department for treatment:
 - a. The client receives a physical examination,
 - b. Medical records are provided indicating that the client received a physical examination within 12 months before the date of the client's admission and are reviewed and verified as current and complete by a medical practitioner, or
 - c. The client's refusal of a physical examination is documented in the client record;
 2. A client's assessment and treatment plan is initiated within 30 days after the date the client is admitted for treatment and is completed within 90 days after that date;
 3. A client's treatment is reviewed, and the client's treatment plan is updated according to the requirements in R9-20-209(J)(7) and at least once every 30 days; and
 4. Progress notes are written in a client record at least:
 - a. Once every shift for the first seven days after the date of the client's admission for treatment, and
 - b. Once each day thereafter.
- G.** A licensee of a Level 1 specialized transitional agency shall ensure that:
1. A client receives treatment in a secure facility;

2. A client's rights are denied only if necessary to protect the safety of the client or others as determined according to A.R.S. § 36-507(E); and
 3. Transportation of a client is provided according to the agency's policy and procedure and R9-20-212 and as follows:
 - a. Sufficient staff members are present during transportation to meet the health, safety, and security needs of the client, other individuals, and the community; and
 - b. A locking mechanism may be used to restrict a client's physical movement during transportation to another portion of the facility, another facility, or another entity to ensure the health and safety of the client, other individuals, and the community.
- H.** A licensee of a Level 1 specialized transitional agency shall ensure that a premises has:
1. An indoor common area that is not used as a sleeping area and that has:
 - a. A working telephone that allows a client to make a private telephone call;
 - b. A distortion-free mirror;
 - c. A current calendar and an accurate clock;
 - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of clients;
 - e. A working television and access to a radio; and
 - f. Space sufficient to accommodate the social and recreational needs of clients;
 2. A dining room or dining area that:
 - a. Is lighted and ventilated,
 - b. Contains tables and seats, and
 - c. Is not used as a sleeping area;
 3. An outdoor area that:
 - a. Is accessible to clients,
 - b. Has sufficient space to accommodate the social and recreational needs of clients, and
 - c. Has shaded and unshaded areas; and
 4. Bathrooms that contain at least:
 - a. One working bathtub or shower, with a slip resistant surface, for every 12 clients; and
 - b. One working flushable toilet, with a seat, for every ten clients.
- I.** A licensee of a Level 1 specialized transitional agency shall ensure that a client's sleeping area is in a bedroom that:
1. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet;
 2. Contains a door that opens into a corridor, common area, or the outside;
 3. Is constructed and furnished to provide unimpeded access to the door;
 4. Is not used as a passageway to another bedroom or a bathroom unless the bathroom is for the exclusive use of the individual occupying the bedroom; and
 5. Contains the following for each client:
 - a. An individual storage space, such as a dresser or chest;
 - b. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - c. A pillow and linens that are clean, free of odors, and in good repair, including:
 - i. A mattress pad;
 - ii. A top sheet and a bottom sheet that are large enough to tuck under the mattress;
 - iii. A pillow case;
 - iv. A waterproof mattress cover, if needed; and
 - v. A blanket or bedspread sufficient to ensure the client's warmth.
- J.** A licensee of a Level 1 specialized transitional agency shall ensure that:
1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Chapter;
 2. Clean linens and bath towels are provided to a client as needed and at least once every seven days;
 3. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use;
 4. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area; and
 5. Pets and animals, except for service animals, are prohibited on the premises.
- K.** A licensee of a Level 1 specialized transitional agency shall ensure that:
1. A facility meets the fire safety requirements of the local jurisdiction,
 2. A fire inspection is conducted by the local fire department having jurisdiction or the Office of the State Fire Marshal according to the requirements of the local jurisdiction, and
 3. The most recent fire inspection report and documentation of any corrections stated on the inspection report are maintained on the premises or at the administrative office.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-702. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 8. COURT-ORDERED SERVICES**R9-20-801. Supplemental Requirements for Pre-petition Screening Services**

- A.** A licensee of an agency that only provides pre-petition screening is not required to comply with the following provisions in this Chapter:
1. R9-20-208 and other requirements related to admission,
 2. R9-20-209 and other requirements related to a client's assessment or treatment plan, and
 3. R9-20-210 and other requirements related to a client's discharge.
- B.** A licensee of an agency that provides pre-petition screening shall ensure compliance with the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
- C.** A licensee of an agency that provides pre-petition screening shall ensure that:
1. Policies and procedures are developed, implemented, and complied with for conducting a pre-petition screening;
 2. Assistance is provided to an individual filing an application for a court-ordered evaluation, according to A.R.S. § 36-520(D);
 3. If an application for a court-ordered evaluation is not acted upon because it has been determined that the proposed client does not need an evaluation, the application for a court-ordered evaluation and any evidence of the application for a court-ordered evaluation are destroyed according to A.R.S. § 36-520(I);
 4. A pre-petition screening is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-520(E) and (F) and 36-521(A);
 5. After a pre-petition screening is conducted, a written report is prepared and reviewed according to A.R.S. § 36-521(B) and (C);
 6. A petition for a court-ordered evaluation:
 - a. Is prepared according to A.R.S. § 36-521(D), and
 - b. Contains the information required according to A.R.S. § 36-523 (A) through (C);
 7. Before a petition for court-ordered evaluation that alleges danger to others is filed, the county attorney is contacted to review the petition according to A.R.S. § 36-521(G);
 8. An evaluation agency is notified of an individual requiring a voluntary evaluation, according to A.R.S. § 36-522(A);
 9. A petition for a court-ordered evaluation that is not filed and all reports annexed to the petition are destroyed according to A.R.S. § 36-523(E); and
 10. An application for emergency admission meets the requirements in A.R.S. § 36-524.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-802. Supplemental Requirements for Court-Ordered Evaluation

- A.** A licensee of an agency that only provides court-ordered evaluation is not required to comply with the following provisions in this Chapter:
1. R9-20-208 and other requirements related to admission,

2. R9-20-209 and other requirements related to a client's assessment or treatment plan,
 3. R9-20-210 and other requirements related to a client's discharge.
- B.** A licensee of an agency that provides court-ordered evaluation shall ensure compliance with the court-ordered evaluation requirements in A.R.S. Title 36, Chapter 5.
- C.** A licensee of an agency that provides court-ordered evaluation shall ensure that:
1. Policies and procedures are developed, implemented, and complied with for conducting a court-ordered evaluation;
 2. A medical director is appointed who:
 - a. Meets the definition of a medical director of an evaluation agency in A.R.S. § 36-501, and
 - b. May deputize an individual according to A.R.S. § 36-503;
 3. If a client is receiving an evaluation according to A.R.S. §§ 36-520 through 36-531, persons are notified according to A.R.S. § 36-504(B);
 4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506 (A) or (B), 36-507, 36-512, 36-514, 36-520 (H), or 36-528(D);
 5. If a petition for a court-ordered evaluation is not filed because the individual for whom the evaluation is sought requests a voluntary evaluation, a voluntary evaluation is not conducted unless:
 - a. For a voluntary inpatient evaluation, informed consent is obtained according to A.R.S. § 36-518; and
 - b. For a voluntary outpatient evaluation, informed consent is obtained according to A.R.S. § 36-522(C);
 6. A client admitted to an agency for an evaluation under an emergency admission does not receive treatment unless informed consent is obtained according to A.R.S. § 36-528(A), except as otherwise provided according to A.R.S. § 36-528(A);
 7. A client's records and information are confidential and are not disclosed except according to R9-20-211(A)(3) and (B);
 8. An evaluation is conducted according to the definition in A.R.S. § 36-501 and according to A.R.S. §§ 36-511(A), 36-513, and 36-530;
 9. If a client is evaluated on an inpatient basis and does not make application for further care and treatment:
 - a. The client is discharged according to A.R.S. §§ 36-506(D), 36-531(A) and (D), and 36-534; or
 - b. A petition for court-ordered treatment is prepared and filed according to A.R.S. §§ 36-531(B) and (C) and 36-533;
 10. Before a hearing on a petition for court-ordered treatment, information is provided to:
 - a. The client's attorney, according to A.R.S. § 36-537(A); and
 - b. The physicians treating the client, according to A.R.S. § 36-539(A);
 11. At the hearing on a petition for court-ordered treatment, testimony is provided by the physicians who conducted the evaluation, according to A.R.S. § 36-539(B);
 12. If a petition for court-ordered evaluation is not filed because it has been determined that the proposed client will voluntarily receive an evaluation and is unlikely to present a danger to self or others pending the voluntary evaluation, a voluntary evaluation is conducted according to the requirements in A.R.S. §§ 36-518 and 36-522;

13. If a client admitted voluntarily according to A.R.S. § 36-522 is discharged, the discharge meets the requirements in A.R.S. § 36-519; and
14. A client receives an emergency evaluation according to:
 - a. The admission requirements in A.R.S. §§ 36-524, 36-526, and 36-527(A);
 - b. The informed consent requirements in A.R.S. § 36-528(A);
 - c. The notification requirements in A.R.S. § 36-528(B) and (D);
 - d. The requirements for protection of personal property in A.R.S. § 36-528(C); and
 - e. The discharge requirements in A.R.S. § 36-527(B).

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-803. Supplemental Requirements for Court-Ordered Treatment

- A. A licensee of an agency that provides court-ordered treatment shall ensure compliance with the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5, Article 5.
- B. A licensee of an agency that provides court-ordered treatment shall ensure that:
 1. Policies and procedures are developed, implemented, and complied with for providing court-ordered treatment;
 2. A medical director is appointed who:
 - a. Meets the definition of a medical director of a mental health treatment agency in A.R.S. § 36-501, and
 - b. May deputize an individual according to A.R.S. § 36-503;
 3. If a client is receiving court-ordered treatment according to A.R.S. §§ 36-533 through 36-544, the following persons are immediately notified according to A.R.S. § 36-504(B):
 - a. The client's guardian or, if the client does not have a guardian, a family member of the client; and
 - b. The client's agent, if applicable;
 4. A staff member or employee does not deprive a client of a client right identified in A.R.S. §§ 36-504(A), 36-506(A) or (B), 36-507, 36-510, 36-512, 36-514, or 36-520(H);
 5. The property of a client receiving court-ordered treatment is protected according to A.R.S. § 36-508;
 6. Client records and information are confidential and are not disclosed except according to R9-20-211(A)(3) and (B);
 7. Treatment:
 - a. Is provided according to the requirements in A.R.S. §§ 36-511, 36-540(E) and (K), and 36-540.01;
 - b. Is documented according to the requirements in A.R.S. § 36-511(A); and
 - c. Is provided without the use of restraint or seclusion, except as provided in A.R.S. § 36-513;
 8. A client who has been found to be gravely disabled and who is undergoing court-ordered treatment receives an annual examination and review to determine whether the continuation of court-ordered treatment is appropriate according to A.R.S. § 36-543(D) through (F);

9. A client is discharged according to A.R.S. §§ 36-506(D), 36-519, 36-541.01, 36-542, and 36-543(A) and (B); and
10. If a client seeks judicial review, the medical director complies with the requirements in A.R.S. § 36-546.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 9. DUI SERVICES

R9-20-901. Exceptions for a Licensee of an Agency That Only Provides DUI Screening or DUI Education or Both

A licensee of an agency that only provides DUI screening or DUI education or both is not required to comply with the following:

1. R9-20-208,
2. R9-20-209, and
3. R9-20-210.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-902. Supplemental Requirements for DUI Screening

- A. A licensee of an agency that provides DUI screening shall ensure that policies and procedures are developed, implemented, and complied with for:
 1. Conducting DUI screening,
 2. Tracking and referring a DUI client to DUI education or DUI treatment, and
 3. Communicating with and reporting information to a referring court.
- B. A licensee of an agency that provides DUI screening shall ensure that:
 1. The following information is reported to the referring court:
 - a. The results of a DUI client's DUI screening;
 - b. The agency's recommendations, based upon the DUI screening, for DUI education or DUI treatment;
 - c. The name of the licensed agency selected by the client to provide DUI education or DUI treatment; and
 - d. If the DUI client is enrolled in DUI education or DUI treatment, the DUI client's compliance, progress, and completion; and
 2. The referring court receives written notification within five working days, unless otherwise specified by the court, when a DUI client:
 - a. Fails to obtain or complete DUI screening;
 - b. Fails to pay the cost of DUI screening;
 - c. Fails to comply with or to complete DUI education or DUI treatment; or
 - d. Completes DUI screening, DUI education, or DUI treatment.
- C. A licensee of an agency that provides DUI screening shall ensure that a client's DUI screening:
 1. Occurs within 30 days after the date of the court order, unless otherwise required in the court order;
 2. Is conducted by a behavioral health professional or a behavioral health technician;

3. Consists of a face-to-face interview that lasts at least 30 minutes but not more than three hours;
 4. Includes administering at least one standardized instrument for measuring alcohol dependency or substance abuse, such as the Driver Risk Inventory, the Michigan Alcoholism Screening Test, the Minnesota Multiphasic Personality Inventory, the Mortimer-Filkins, or the Substance Abuse Subtle Screening Inventory; and
 5. Is documented in the client record.
- D.** A licensee of an agency that provides DUI screening shall ensure that a DUI client is given the following information in writing before DUI screening is conducted and that the DUI client's receipt of the information is documented:
1. A description of the DUI screening process;
 2. The timeline for initiating and completing DUI screening;
 3. The consequences to the DUI client for not complying with the procedures and timeline; and
 4. The cost and methods of payment for DUI screening, DUI education, and DUI treatment.
- E.** A licensee of an agency that provides DUI screening shall classify a DUI client based upon the information obtained in the DUI screening in subsection (C) as follows:
1. A Level 1 DUI client is a DUI client who:
 - a. Meets at least one of the following:
 - i. Has been arrested or convicted two or more times for alcohol or drug-related offenses;
 - ii. Had an alcohol concentration of .15 or higher at the time of the arrest that led to the current referral and meets at least one of the criteria in subsection (E)(1)(b)(i) or (E)(1)(b)(iii) through (xii);
 - iii. Has been unable to control use of alcohol or drugs or has habitually abused alcohol or drugs;
 - iv. Admits a problem controlling alcohol or drug use;
 - v. Has been diagnosed with substance abuse or organic brain disease resulting from substance abuse;
 - vi. Has experienced symptoms of withdrawal from alcohol or drug use that included visual, auditory, or tactile hallucinations; convulsive seizures; or delirium tremens; or
 - vii. Has been diagnosed with alcoholic liver disease, alcoholic pancreatitis, or alcoholic cardiomyopathy by a medical practitioner; or
 - b. Meets at least three of the following:
 - i. During DUI screening, provided responses on the standardized instrument in subsection (C)(4) that indicated substance abuse;
 - ii. Had an alcohol concentration of .08 or higher at the time of the arrest that led to the current referral;
 - iii. Has previously been arrested or convicted one time for an alcohol-or drug-related offense;
 - iv. Has experienced a decrease in attendance or productivity at work or school as a result of drug or alcohol use;
 - v. Has experienced family, peer, or social problems associated with drug or alcohol use;
 - vi. Has previously participated in substance abuse education or treatment for problems associated with alcohol or drug use;
 - vii. Has experienced blackouts as a result of alcohol or drug use;
 - viii. Has passed out as a result of drug or alcohol use;
 - ix. Has experienced symptoms of withdrawal from alcohol or drug use including shakes or malaise relieved by resumed alcohol or drug use; irritability; nausea; or anxiety;
 - x. Exhibits a psychological dependence on drugs or alcohol;
 - xi. Has experienced an increase in consumption, a change in tolerance, or a change in the pattern of alcohol or drug use; or
 - xii. Has experienced personality changes associated with alcohol or drug use; and
2. A Level 2 DUI client is a DUI client who:
- a. Does not meet any of the criteria in subsection (E)(1)(a), and
 - b. Meets no more than two of the criteria in subsection (E)(1)(b).
- F.** A licensee of an agency that provides DUI screening shall ensure that after completing a client's DUI screening:
1. The results of the DUI screening are documented in the client record and include:
 - a. The DUI client's alcohol concentration at the time of the arrest that led to the current referral, if available;
 - b. The DUI client's history of alcohol and drug use;
 - c. The DUI client's history of treatment associated with alcohol or drug use; and
 - d. The DUI client's history of impairments in physical, educational, occupational, or social functioning as a result of alcohol or drug use; and
 2. A recommendation is made to the referring court for DUI education or DUI treatment or both, and referrals are made as follows:
 - a. A Level 1 DUI client is referred to:
 - i. An agency that provides DUI education for at least 16 hours of DUI education; and
 - ii. An agency that provides DUI treatment for at least 20 hours of DUI treatment; and
 - b. A Level 2 DUI client is referred to an agency that provides DUI education for at least 16 hours of DUI education.
- G.** A licensee of an agency that provides DUI screening may refer a Level 1 or Level 2 DUI client to a self-help or peer-support program that assists individuals in achieving and maintaining freedom from alcohol or drugs, such as Alcoholics Anonymous or Narcotics Anonymous. Participation in a self-help group or peer support program is not DUI education or DUI treatment and does not count toward required hours in DUI education or DUI treatment.
- H.** Unless a court requires otherwise, a licensee of an agency that provides DUI screening shall ensure that a referral of a DUI client made under subsection (F)(2) includes:
1. Providing the DUI client with the following information about three agencies authorized to provide DUI education or DUI treatment, as applicable, in the geographic area requested by the DUI client, at least two of which are not owned by, operated by, or affiliated with the licensee of the DUI screening agency:
 - a. Name,
 - b. Address, and
 - c. Telephone number;
 2. Instructing the DUI client:
 - a. To select an agency that provides DUI education or DUI treatment, as applicable;
 - b. To schedule an appointment or enroll in DUI education or DUI treatment, as applicable, within five working days after the date of completion of the DUI screening; and

- c. To notify the DUI screening agency of the name of the agency selected to provide DUI education or DUI treatment, as applicable;
- 3. Obtaining, in writing, a DUI client's authorization to release information to the selected agency; and
- 4. Providing the following in writing to the selected agency and the referring court within five working days after the DUI client's completion of DUI screening:
 - a. The date that the DUI client completed DUI screening,
 - b. The results of DUI screening,
 - c. The recommendations of the DUI screening agency made under subsection (F)(2), and
 - d. The name of the DUI education or DUI treatment agency selected by the client.
- I.** If a licensee of an agency that provides DUI screening does not comply with subsection (C)(3) for a referral of a DUI client because a court's requirements conflict with subsection (C)(3), the licensee shall:
 - 1. Comply with the court's requirements,
 - 2. Document in the client's record that the court's requirements conflict with subsection (C)(3), and
 - 3. Maintain at the agency a written document identifying the court's requirements.
- J.** A licensee of an agency that provides DUI screening shall maintain a record for each DUI client that contains:
 - 1. The citation number or complaint number from the arrest that led to the current referral, if available;
 - 2. A copy of the documents referring the DUI client to DUI screening, if available;
 - 3. Documentation of the DUI client's receipt of the information contained in subsection (D);
 - 4. Documentation of the client's DUI screening, including the completed standardized instrument required under subsection (C)(4);
 - 5. Documentation of the recommendations and referrals for DUI education or DUI treatment, as applicable, required under subsections (F)(2) and (H);
 - 6. The DUI client's signed and dated release of information required under subsection (H)(3); and
 - 7. A copy of the information provided to the agency selected to provide DUI education or DUI treatment, as applicable, and to the referring court as required under subsection (H)(4).
- 3. The consequences to the DUI client for not complying with the procedures and timeline;
- 4. The information that will be contained in a report to the DUI screening agency or the referring court; and
- 5. The cost and methods of payment for DUI education and DUI treatment.
- B.** A licensee of an agency that provides DUI education shall ensure that:
 - 1. DUI education is provided in a classroom setting;
 - 2. A current written schedule of DUI education classes is maintained at the agency;
 - 3. DUI education consists of at least 16 hours in the classroom setting;
 - 4. DUI education is scheduled to be completed within eight weeks from the date of the first class;
 - 5. The number of DUI clients enrolled in a class of DUI education does not exceed 30; and
 - 6. DUI education is provided by a behavioral health professional or behavioral health technician.
- C.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI education and does not count toward required hours in DUI education.
- D.** A licensee of an agency that provides DUI education shall ensure that:
 - 1. A written pre-test is administered to a DUI client before receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2);
 - 2. DUI education includes information on:
 - a. The physiological effects of alcohol and drug use;
 - b. How alcohol use and drug use affect an individual's ability to operate a vehicle, including how an individual's alcohol concentration is measured and how alcohol concentration impacts an individual's ability to operate a vehicle;
 - c. Alternatives to operating a motor vehicle while impaired by alcohol or drug use;
 - d. The psychological and sociological effects of alcohol and drug use;
 - e. The stages of substance abuse;
 - f. Self-assessment of alcohol or drug use;
 - g. Criminal penalties and statutory requirements for sentencing DUI clients;
 - h. Alternatives to alcohol or drug use;
 - i. Identification of different approaches to the treatment of substance abuse;
 - j. Resources, programs, and interventions available in the community for treatment of substance abuse; and
 - k. Orientation to the process and benefits of group counseling and self-help groups such as Alcoholics Anonymous and Narcotics Anonymous; and
 - 3. A written post-test is administered to a DUI client after receiving DUI education to measure the DUI client's knowledge of the subject areas listed in subsection (D)(2).
- E.** A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for using the results of pre-tests and post-tests required under subsection (D) for analyzing the licensee's DUI education program.
- F.** A licensee of an agency that provides DUI education shall ensure that a DUI client who completes DUI education receives written documentation that indicates satisfactory completion of DUI education and includes:
 - 1. The name of the agency providing the DUI education,

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-903. Supplemental Requirements for DUI Education

- A.** A licensee of an agency that provides DUI education shall ensure that a DUI client is given the following information in writing before DUI education is conducted and that the DUI client's receipt of the information is documented:
 - 1. The procedures for conducting DUI education;
 - 2. The timeline for initiating and completing DUI education;

2. The date of completion, and
 3. The name of the DUI client.
- G.** A licensee of an agency that provides DUI education shall ensure that a policy and procedure is developed, implemented, and complied with for providing written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:
1. A DUI client's failure to enroll in DUI education by the deadline established by the DUI screening agency or the referring court;
 2. A DUI client's failure to comply with the requirements of DUI education, including failure to attend DUI education or failure to pay required costs; and
 3. A DUI client's completion of DUI education.
- H.** A licensee of an agency that provides DUI education shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court that includes:
1. Whether the DUI client:
 - a. Enrolled in DUI education and the date of enrollment;
 - b. Complied with the requirements of DUI education; and
 - c. Completed DUI education and, if so, the date of completion; and
 2. Any recommendation for additional DUI education or for DUI treatment.
- I.** A licensee of an agency that provides DUI education may refer a DUI client back to the DUI screening agency:
1. If the DUI education agency determines that a DUI client's treatment needs cannot be met by the DUI education agency because the DUI client:
 - a. Requires behavioral health services that the DUI education agency is not authorized or able to provide,
 - b. Has a physical or other disability that the DUI education agency is unable to accommodate, or
 - c. Requires education to be provided in a language in which instruction is not provided by the DUI education agency; and
 2. With written documentation of the reason that the DUI education agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI education that would meet the DUI client's treatment needs.
- J.** A licensee of an agency that provides DUI education shall maintain a record for each DUI client that contains:
1. Documents received from the DUI screening agency or referring court regarding the DUI client;
 2. Documentation that the DUI client received the information contained in subsection (A);
 3. The pre-test and post-test completed by the DUI client;
 4. The dates of the DUI client's attendance at DUI education;
 5. A copy of the documentation indicating the DUI client's satisfactory completion of DUI education as described under subsection (F);
 6. A copy of the report provided to the DUI screening agency or referring court as required in subsection (H);
 7. A copy of the written documentation provided to the DUI screening agency or court as described in subsection (I); and
 8. Documentation of any written information or verbal contact regarding the DUI client with the DUI screening agency; the referring court, if any; a Department of Motor

Vehicles; or another agency authorized to provide DUI education or DUI treatment.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency punctuation error corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-904. Supplemental Requirements for DUI Treatment

- A.** A licensee of an agency that provides DUI treatment shall ensure that policies and procedures are developed, implemented, and complied with that:
1. Require a client to complete DUI treatment within 16 weeks after the date the client was admitted to DUI treatment, unless the agency extends the time for completion of DUI treatment;
 2. Establish criteria the agency considers when determining whether to extend the time for a client's completion of DUI treatment, such as an occurrence of one of the following during the 16 weeks after the date the client was admitted to DUI treatment:
 - a. A client serving jail time,
 - b. Illness of a client or a family member of the client, and
 - c. Death of a family member;
 3. Require the agency to provide written notification of the following events to the DUI screening agency and, if applicable, the referring court within five working days after the event:
 - a. A DUI client's failure to enroll in DUI treatment by the deadline established by the DUI screening agency or the referring court;
 - b. A DUI client's failure to comply with the requirements of DUI treatment, including failure to attend DUI treatment or failure to pay required costs; and
 - c. A DUI client's completion of DUI treatment.
- B.** A licensee of an agency that provides DUI treatment shall ensure that a DUI client is given the following information in writing before DUI treatment is conducted and that the DUI client's receipt of the information is documented:
1. The procedures for conducting DUI treatment,
 2. The timeline for initiating and completing DUI treatment and criteria the agency considers when determining whether to extend the time for completion of the DUI treatment,
 3. The consequences to the DUI client for not complying with the procedures and timeline,
 4. The information that will be contained in a report to the DUI screening agency or the referring court, and
 5. The cost and methods of payment for DUI treatment.
- C.** A licensee of an agency that provides DUI treatment shall ensure that DUI treatment:
1. Is based upon the information and results obtained from the DUI screening agency or referring court; and
 2. Includes 16 hours of DUI education and at least 20 hours of group counseling that:
 - a. Is provided by a behavioral health technician or behavioral health professional;

- b. Is provided in at least ten sessions that last between 90 and 180 minutes each;
 - c. Includes no more than 15 DUI clients or, if family members participate in group counseling, 20 individuals; and
 - d. Is documented in a client record according to subsection (H).
- D.** Participation in a self-help group or peer support program, such as Alcoholics Anonymous or Narcotics Anonymous, is not DUI treatment and does not count toward required hours in DUI treatment.
- E.** A licensee of an agency that provides DUI treatment shall ensure that, for each DUI client, a written report is prepared and provided to the DUI screening agency and, if applicable, the referring court according to the timeline established by the DUI screening agency and the DUI treatment agency that includes:
 - 1. Whether the DUI client:
 - a. Enrolled in DUI treatment and the date of enrollment;
 - b. Complied with the requirements of DUI treatment; and
 - c. Completed DUI treatment and, if so, the date of completion;
 - 2. The DUI client's progress in DUI treatment; and
 - 3. Any recommendation for additional DUI treatment.
- F.** A licensee of an agency that provides DUI treatment shall ensure that:
 - 1. DUI treatment is scheduled to be completed within 16 weeks after the date that the client was admitted into DUI treatment, according to subsection (A)(1); and
 - 2. A DUI client, after completing DUI treatment, receives an exit interview from a staff member that includes a review of the information contained in the report required in subsection (E).
- G.** A licensee of an agency that provides DUI treatment may refer a DUI client back to the DUI screening agency:
 - 1. If the DUI treatment agency determines that the DUI client's treatment needs cannot be met by the DUI treatment agency because the DUI client:
 - a. Requires behavioral health services that the DUI treatment agency is not authorized or able to provide,
 - b. Has a physical or other disability that the DUI treatment agency is unable to reasonably accommodate, or
 - c. Requires treatment to be provided in a language in which instruction is not provided by the DUI treatment agency; and
 - 2. With written documentation of the reason that the DUI treatment agency is unable to meet the DUI client's treatment needs and a recommendation for additional or alternative DUI treatment that would meet the DUI client's treatment needs.
- H.** A licensee of an agency that provides DUI treatment shall ensure that a record is maintained for each DUI client that contains:
 - 1. Information and documents received from the screening agency or the referring court regarding the DUI client, if any;
 - 2. The DUI client's assessment and treatment plan required in R9-20-209;
 - 3. Documentation of each group counseling session in which the DUI client participated, including:
 - a. The date of the group counseling session,
 - b. The topics discussed, and
 - c. The DUI client's progress in meeting treatment goals;
 - 4. Documentation of the DUI client's exit interview required in subsection (F)(2);
 - 5. A copy of the report provided to the DUI screening agency or referring court as required in subsection (E); and
 - 6. Documentation of any other written information from or verbal contact with the DUI screening agency or the referring court, if any.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 10. OPIOID TREATMENT

R9-20-1001. Definitions

In addition to the definitions in R9-20-101, the following definitions apply in this Article, unless otherwise specified:

1. "Administrative withdrawal" means a client's involuntary discharge from opioid treatment, typically resulting from non-payment of fees, violent or disruptive behavior, or incarceration or other confinement.
2. "Comprehensive initial assessment" means the collection and analysis of a client's social, medical, and treatment history.
3. "Comprehensive maintenance treatment" means:
 - a. Dispensing or administering an opioid agonist treatment medication at stable dosage levels for a period in excess of 21 days to an individual for opioid addiction, and
 - b. Providing medical and therapeutic services to the individual with opioid addiction.
4. "Dispense" has the same meaning as in A.R.S. § 32-1901.
5. "Diversion" means the unauthorized transfer of an opioid agonist treatment medication, such as a street sale.
6. "Dosage" means the amount, frequency, and number of doses of medication for an individual.
7. "Dose" means a single unit of opioid agonist treatment medication.
8. "Illicit opiate drug" means an illegally obtained opioid drug that causes addiction and reduces or destroys an individual's physical, social, occupational, or educational functioning, such as heroin.
9. "Intake screening" means determining whether an individual meets the criteria for receiving opioid treatment.
10. "Long-term detoxification treatment" means detoxification treatment for a period of more than 30 days but less than 180 days.
11. "Medical withdrawal" means a condition of an individual effectuated by dispensing or administering an opioid agonist treatment medication in decreasing doses to an individual to alleviate adverse physical or psychological effects of withdrawal from the continuous or sustained use of an opioid drug and as a method of bringing the individual to a drug-free state.
12. "Opioid treatment" means:
 - a. Short-term detoxification treatment,
 - b. Long-term detoxification treatment, or
 - c. Comprehensive maintenance treatment.
13. "Opioid agonist treatment medication" means a prescription medication, such as methadone or levo-alpha-acetyl-methadol, that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opiate addiction.

14. "Physiologically dependent" means physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug.
15. "Program sponsor" means the person named in the application for licensure as responsible for the operation of the opioid treatment program and who assumes responsibility for the acts and omissions of staff members or employees of the opioid treatment program.
16. "Short-term detoxification" means detoxification treatment that occurs over a continuous period of 30 days or less.
17. "Take-home medication" means one or more doses of an opioid agonist treatment medication dispensed to a client for use off the premises.
18. "Withdrawal treatment" means:
 - a. Administrative withdrawal, or
 - b. Medical withdrawal.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency punctuation error corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1002. Administration

A program sponsor shall ensure that:

1. The program sponsor designates a physician to serve as medical director and to have authority over all medical aspects of opioid treatment;
2. Written policies and procedures are developed, implemented, complied with, and maintained at the agency and include:
 - a. Procedures to prevent a client from receiving opioid treatment from more than one agency or physician concurrently;
 - b. Procedures to meet the unique needs of diverse populations, such as pregnant women, children, individuals with HIV or AIDS, or individuals involved in the criminal justice system;
 - c. Procedures for relapse prevention;
 - d. Procedures for conducting a physical examination, assessment, and laboratory test;
 - e. Procedures for establishing substance abuse counselor caseloads, based on the intensity and duration of counseling required by each client;
 - f. Criteria for when the level of opioid agonist treatment medication in a client's blood should be checked and procedures for having the test performed;
 - g. A requirement that a client who is physiologically dependent as a result of chronic pain receives consultation with or a referral for consultation with a medical practitioner who specializes in chronic pain;
 - h. Procedures for performing laboratory tests, such as urine drug screens or toxicological tests, including procedures for collecting specimens for testing;
 - i. Procedures for addressing and managing a client's concurrent abuse of alcohol or other drugs;
 - j. Procedures for providing take-home medication to clients;
 - k. Procedures for conducting detoxification treatment;
 - l. Procedures for conducting an administrative withdrawal;
 - m. Procedures for voluntary discharge, including a requirement that a client discharged voluntarily be provided or offered follow-up services, such as counseling or a referral for medication for depression or sleep disorders;
 - n. Procedures to minimize the following adverse events:
 - i. A client death,
 - ii. A client's loss of ability to function,
 - iii. A medication error,
 - iv. Harm to a client's family member or another individual resulting from ingesting a client's medication,
 - v. Sales of illegal drugs on the premises,
 - vi. Diversion of a client's medication,
 - vii. Harassment or abuse of a client by a staff member or another client, and
 - viii. Violence on the premises;
 - o. Procedures to respond to an adverse event, including:
 - i. A requirement that the program sponsor immediately investigate the adverse event and the surrounding circumstances;
 - ii. A requirement that the program sponsor or the program sponsor's designee develop and implement a plan of action to prevent a similar adverse event from occurring in the future; monitor the action taken; and take additional action, as necessary, to prevent a similar adverse event;
 - iii. A requirement that action taken under the plan of action be documented; and
 - iv. A requirement that the documentation be maintained at the agency for at least two years after the date of the adverse event;
 - p. Procedures for infection control;
 - q. Criteria for determining the amount and frequency of counseling that is provided to a client; and
 - r. Procedures to ensure that the facility's physical appearance is clean and orderly and that facility operations do not impede pedestrian or traffic flow; and
3. A written quality assurance plan is developed and implemented and includes:
 - a. Procedures for providing staff members training;
 - b. Procedures for developing, administering, and reviewing client satisfaction surveys;
 - c. Procedures for monitoring and measuring treatment outcomes;
 - d. Procedures to ensure that opioid agonist treatment medications are not diverted or used for purposes other than a client's treatment; and
 - e. A requirement that the policies and procedures described in this Section are reviewed and updated, as appropriate, at least once every 12 months.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to

Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1003. Admission

- A.** A program sponsor shall ensure that an individual is only admitted for opioid treatment after an agency medical practitioner determines and documents that:
 1. Opioid treatment is medically necessary;
 2. The individual meets the definition of opioid dependence contained in the DSM-IV;
 3. The individual has received a physical examination as required by subsection (E);
 4. If the individual is requesting maintenance treatment, the individual has been physiologically dependent for at least 12 months before the admission, unless the individual receives a waiver of this requirement from an agency physician because the individual:
 - a. Was released from a penal institution within the last six months;
 - b. Is pregnant, as confirmed by the agency physician;
 - c. Was treated for opioid dependence within the last 24 months; or
 - d. Is under the age of 18, has had two documented unsuccessful attempts at short-term detoxification or drug-free treatment within a 12-month period, and has had informed consent for treatment provided by a parent, guardian, or custodian; and
 5. If the individual is requesting long-term or short-term detoxification treatment, the individual has not been admitted for detoxification services within the past 12 months.
- B.** A program sponsor shall ensure that an individual requesting long-term or short-term detoxification treatment who has had two or more unsuccessful detoxification treatment episodes within a 12-month period is assessed by an agency physician for other forms of treatment.
- C.** An agency physician shall ensure that each client at the time of admission:
 1. Provides written, voluntary, agency-specific informed consent to treatment;
 2. Is informed of all services that are available to the client through the agency and of all policies and procedures that impact the client's treatment;
 3. Is informed of the following:
 - a. The progression of opioid addiction and the client's apparent stage of opioid addiction;
 - b. The goal and benefits of opioid treatment;
 - c. The signs and symptoms of overdose and when to seek emergency assistance;
 - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with non-opioid agonist treatment medications or illicit drugs;
 - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
 - f. The requirement for a staff member to comply with the confidentiality requirements of 42 CFR 2.1 and 2.2 (2002) incorporated by reference, on file with the Department and the Office of the Secretary of State, and including no future editions or amendments, available at www.access.gpo.gov/nara/cfr and from U.S. Government Printing Office, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954;
- D.** A program sponsor shall ensure that a written plan of relapse prevention is developed and implemented for each client admitted for opioid treatment and requires:
 1. That the client continue to receive opioid treatment as long as opioid treatment is medically necessary and acceptable to the client;
 2. That the client's other behavioral health issues be identified in the client's treatment plan and addressed;
 3. If the client is in medical withdrawal, that counseling or other behavioral health services be offered to the client;
 4. That the client's treatment plan be reviewed and adjusted, if necessary, at the first signs of the client's relapse or impending relapse; and
 5. That the client's family members be provided opportunities to be involved in the client's opioid treatment.
- E.** A program sponsor shall ensure that an agency medical practitioner conducts a physical examination of an individual who requests admission to an agency before the individual receives a dose of opioid agonist treatment medication and that the physical examination includes:
 1. Reviewing the individual's bodily systems;
 2. Determining whether the individual shows signs of addiction, such as old and fresh needle marks, constricted or dilated pupils, an eroded or perforated nasal septum, or a state of sedation or withdrawal;
 3. Evaluating the observable or reported presence of withdrawal signs and symptoms, such as yawning, chills, restlessness, irritability, perspiration, nausea, or diarrhea;
 4. Obtaining a medical and family history and documentation of current information to determine chronic or acute medical conditions such as diabetes; renal diseases; hepatitis B, C, or Delta; HIV infection; tuberculosis; sexually transmitted disease; pregnancy; or cardiovascular disease;
 5. Obtaining a history of behavioral health issues and treatment, including any diagnoses and medications;
 6. Obtaining the following information on the client's family:
 - a. The dates of birth of the client's children;
 - b. Whether the client's children are living with parents;
 - c. Family medical history; and
 - d. Family history of illicit drug use and alcohol abuse;
 7. Initiating the following laboratory tests:
 - a. A Mantoux skin test;
 - b. A test for syphilis;
 - c. A laboratory drug detection test for at least the following:
 - i. Opiates,
 - ii. Methadone,
 - iii. Amphetamines,
 - iv. Cocaine,
 - v. Barbiturates, and
 - vi. Benzodiazepines; and
 8. Recommending additional tests based upon the individual's history and physical condition, such as:
 - a. Complete blood count;

- b. EKG, chest X-ray, pap smear, or screening for sickle cell disease;
 - c. A test for Hepatitis B and C; or
 - d. HIV testing.
- F. A program sponsor shall ensure that the results of a client's physical examination are documented in the client record.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1004. Assessment and Treatment Plan

A program sponsor shall ensure that:

1. Except as provided in this Section, a client receives an assessment conducted according to the requirements in R9-20-209(A), (B)(2), (C), and (D);
2. An assessment is conducted by a behavioral health professional or a behavioral health technician; and
3. Assessment information is documented in the client record within seven working days after completing initiating or updating the assessment and includes:
 - a. A description of the client's presenting issue;
 - b. An identification of the client's behavioral health symptoms and the behavioral health issue or issues that require treatment;
 - c. A list of the medical services, including medication, needed by the client, as identified in the physical examination conducted under R9-20-1003(E);
 - d. Recommendations for further assessment or examination of the client's needs;
 - e. Recommendations for treatment needed by the client, such as counseling;
 - f. Recommendations for ancillary services or other services needed by the client;
 - g. The signature and date signed, or documentation of the refusal to sign, of the client or the client's guardian or agent or, if the client is a child, the client's parent, guardian, or custodian; and
 - h. The signature, professional credential or job title, and date signed of:
 - i. The staff member conducting and developing the assessment; and
 - ii. If the assessment was completed by a behavioral health technician, the behavioral health professional approving the assessment.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1005. Dosage

A. A program sponsor shall ensure that:

1. A dose of opioid agonist treatment medication is administered only after an order from a medical practitioner;
2. A client's dosage of opioid agonist treatment medication is individually determined;
3. A dose of opioid agonist treatment medication is sufficient to produce the desired response in a client for the desired duration of time and with consideration for client safety;

4. A dose of opioid medication is prescribed to meet a client's treatment needs by:
 - a. Preventing the onset of subjective or objective signs of withdrawal for 24 hours or more;
 - b. Reducing or eliminating the drug craving that is experienced by opioid addicted individuals who are not in opioid treatment; and
 - c. Blocking the effects of any self-administered opioid drugs without inducing persistent euphoric or other undesirable effects that are reported by the client or observed by other individuals;
5. A client receiving comprehensive maintenance treatment receives an initial dose of opioid agonist treatment medication based upon the medical practitioner's physical examination and with consideration for local issues, such as the relative purity of available illicit opioid drugs;
6. A client receiving methadone in comprehensive maintenance treatment receives an initial dose of methadone that does not exceed 30 milligrams and:
 - a. If the client's withdrawal symptoms are not suppressed three hours after the initial dose of 30 milligrams, a client receives an additional dose that does not exceed 10 milligrams only if an agency nurse documents in the client record that 30 milligrams did not suppress the client's withdrawal symptoms; and
 - b. If the client's withdrawal symptoms are not suppressed by a total dose of 40 milligrams, a client receives an additional dose only if an agency physician documents in the client record that 40 milligrams did not suppress the client's withdrawal symptoms;
7. A client receiving levo-alpha-acetyl-methadol in comprehensive maintenance treatment receives an initial dose according to the instructions on the opioid agonist treatment medication package insert, and any deviation from the instructions is documented by the medical practitioner in the client record; and
8. A client receives subsequent doses of opioid agonist treatment medication:
 - a. Based on the client's individual needs and the results of the physical examination and assessment;
 - b. Sufficient to achieve the desired response for at least 24 hours, with consideration for day-to-day fluctuations and elimination patterns;
 - c. That are not used to reinforce positive behavior or punish negative behavior;
 - d. As long as the client benefits from and desires comprehensive maintenance treatment; and
 - e. That are adjusted if an agency changes from one type of opioid agonist treatment medication to another.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1006. Drug Screening

A program sponsor shall ensure that:

1. Staff members have knowledge of the benefits and limitations of laboratory drug detection tests and other toxicological testing procedures;
2. At least eight random laboratory drug detection tests are completed each year for a client in comprehensive maintenance treatment, and other toxicological tests are performed according to written orders from a medical practitioner;

3. Laboratory drug detection tests and other toxicological testing specimens are collected in a manner that minimizes falsification;
4. Samples from laboratory drug detection tests are tested for:
 - a. Opiates;
 - b. Methadone;
 - c. Amphetamines;
 - d. Cocaine;
 - e. Barbiturates;
 - f. Benzodiazepines; and
 - g. Other substances based upon the client record; and
5. The results of a client's laboratory drug detection tests or other toxicological test and any action taken relating to the results are documented in the client record.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1007. Take-Home Medication

- A. A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with for the use of take-home medication and include:
 1. Criteria for determining when a client is ready to receive take-home medication;
 2. Criteria for when a client's take-home medication is increased or decreased;
 3. A requirement that take-home medication be dispensed according to federal and state law;
 4. A requirement that a medical practitioner review a client's take-home medication regimen at intervals established in the client's treatment plan and adjust the client's dosage, as needed;
 5. Procedures for safe handling and secure storage of take-home medication in a client's home; and
 6. Criteria and duration of allowing a physician to prescribe a split medication regimen.
- B. Except as provided in subsection (C), a program sponsor shall ensure that a client is permitted to have take-home medication only upon the determination and written permission of the agency medical director, based upon the following:
 1. Absence of abuse of drugs, including alcohol;
 2. Regularity of agency attendance;
 3. Length of time in comprehensive maintenance treatment;
 4. Absence of criminal activity;
 5. Absence of serious behavioral problems at the agency;
 6. Special needs of the client such as physical health needs;
 7. Assurance that take-home medication can be safely stored in the client's home;
 8. Stability of the client's home environment and social relationships;
 9. The client's work, school, or other daily activity schedule;
 10. Hardship experienced by the client in traveling to and from the agency; and
 11. Whether the benefit the client would receive by decreasing the frequency of agency attendance outweighs the potential risk of diversion.
- C. A client in comprehensive maintenance treatment may receive a single dose of take-home medication for each day that an agency is closed for business, including Sundays and state and federal holidays.
- D. A program sponsor shall ensure that take-home medication is only issued to a client in compliance with the following restrictions:

1. During the first 90 days of comprehensive maintenance treatment, a client may receive take-home medication as described in subsection (C);
 2. During the second 90 days of comprehensive maintenance treatment, a client may receive a maximum of one dose of take-home medication each week in addition to any doses received as described in subsection (C);
 3. During the third 90 days of comprehensive maintenance treatment, a client may receive a maximum of two doses of take-home medication each week in addition to any doses received as described in subsection (C);
 4. In the remaining months of the client's first year, a client may receive a maximum of three doses of take-home medication each week in addition to any doses received as described in subsection (C);
 5. After one year of comprehensive maintenance treatment, a client may receive a maximum of six doses of take-home medication for each week;
 6. After two years of comprehensive maintenance treatment, a client may receive a maximum of 14 doses of take-home medication every two-weeks; and
 7. After three years of comprehensive maintenance treatment, a client may receive a maximum of 31 doses of take-home medication for a month, but shall visit the agency at least once each month.
- E. A program sponsor shall ensure that a client receiving take-home medication receives:
 1. Take-home medication in a child-proof container; and
 2. Written and verbal information on the client's responsibilities in protecting the security of take-home medication.
 - F. The program sponsor shall ensure that a medical director's determination made under subsection (B) and the reasons for the determination are documented in the client record.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1008. Withdrawal Treatment

A licensee shall ensure that:

1. Policies and procedures are developed, implemented, and complied with for withdrawal treatment and:
 - a. Are designed to promote successful withdrawal treatment;
 - b. Require that dose reduction occur at a rate well tolerated by the client;
 - c. Require that a variety of ancillary services, such as self-help groups, be available to the client through the agency or through referral;
 - d. Require that the amount of counseling available to the client be increased before discharge; and
 - e. Require that a client be re-admitted to the agency or referred to another agency if relapse occurs;
2. A client's withdrawal treatment:
 - a. For a client involved in comprehensive maintenance treatment, is only initiated as administrative withdrawal or when requested by the client and approved by an agency medical practitioner; and
 - b. Is planned and supervised by an agency medical practitioner;
3. Before a client begins withdrawal treatment, whether with or against the advice of an agency medical practitioner, the client:
 - a. Is informed by an agency medical practitioner or a staff member:

- i. That the client has the right to leave opioid treatment at any time, and
 - ii. Of the risks of withdrawal treatment; and
 - b. Upon request, receives a schedule for withdrawal treatment that is developed by an agency medical practitioner with input from the client;
- 4. If a client who is receiving withdrawal treatment, other than a client experiencing administrative withdrawal, appears to a staff member to relapse, the client is permitted to begin comprehensive maintenance treatment, if otherwise eligible;
- 5. If a client who has completed withdrawal treatment within the past 30 days appears to a staff member to relapse, the client is re-admitted into the agency without a physical examination or assessment;
- 6. A client experiencing administrative withdrawal is referred or transferred to an agency that is capable of or more suitable for meeting the client's needs, and the referral or transfer is documented in the client record; and
- 7. The following information is documented in the client record:
 - a. The reason that the client sought withdrawal treatment or was placed on administrative withdrawal; and
 - b. The information and assistance provided to the client in medical withdrawal or administrative withdrawal.
- 3. Agency staff members are culturally competent;
- 4. Unbiased language is used in the agency's print materials, electronic media, and other training or educational materials;
- 5. HIV testing and education are available to clients either at the agency or through referral;
- 6. A client who is HIV-positive and who requests treatment for HIV or AIDS:
 - a. Is offered treatment for HIV or AIDS either at the agency or through referral, and
 - b. Has access to an HIV- or AIDS-related peer group or support group and to social services either at the agency or through referral to a community group; and
- 7. The agency has a procedure for transferring a client's opioid treatment to the medical practitioner treating the client for HIV or AIDS when HIV or AIDS becomes the client's primary health concern.

B. A program sponsor shall ensure that:

- 1. An individual who requires administration of opioid agonist treatment medication only for relief of chronic pain is:
 - a. Identified during the physical examination or assessment,
 - b. Not admitted for opioid agonist medication treatment, and
 - c. Referred for medical services; and
- 2. For a client with a chronic pain disorder who is also physically dependent the agency coordinates with the medical practitioner treating the client for pain management.

C. A program sponsor shall ensure that:

- 1. If, during the assessment or physical examination, a determination is made that a client may have a mental disorder, the client is referred for treatment of the mental disorder, and
- 2. The agency has a procedure to communicate and collaborate with a client's behavioral health professional to monitor and evaluate interactions between the client's opioid agonist treatment medication and medications used to treat the client's mental disorder.

D. A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of female clients, to include:

- 1. A requirement that staff members be educated in the unique needs of female clients,
- 2. A requirement that each female client be informed about or referred to a same sex support group at the agency or in the community, and
- 3. A requirement that breast feeding be encouraged during comprehensive maintenance treatment unless medically contraindicated.

E. A program sponsor shall ensure that a policy and procedure is developed, implemented, and complied with for the treatment of pregnant clients, to include:

- 1. A requirement that priority be given to pregnant individuals seeking opioid treatment;
- 2. A requirement that the reasons for a pregnant individual's denial of admission to an agency be documented;
- 3. A requirement that a pregnant client be offered prenatal care either at the agency or through referral to a medical practitioner;
- 4. A requirement that the agency establish a written agreement with a medical practitioner who is providing prenatal care to a pregnant client, to include a procedure for exchanging opioid treatment and prenatal care information in accordance with R9-20-211(A)(3);

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1009. Counseling and Medical Services

A. A program sponsor shall ensure that:

- 1. Counseling is provided to each client based upon the client's individual needs and treatment plan; and
- 2. The agency has substance abuse counselors in a number sufficient:
 - a. To ensure that clients have access to counselors,
 - b. To provide the treatment in clients' treatment plans, and
 - c. To provide unscheduled treatment or counseling to clients.

B. A program sponsor shall ensure that a client has access to a self-help group or support group, such as Narcotics Anonymous, either at the agency or through referral to a community group.

C. A program sponsor shall ensure that a client is provided medical services, including psychiatric services, if needed, either at the agency or through referral. If a client receives medical services, including psychiatric services, from a person not affiliated with the agency, agency staff members shall communicate and coordinate with the person that provides medical services to the client, according to the requirements for the release of client records or information in R9-20-211(A)(3).

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1010. Diverse Populations

A. A program sponsor shall ensure that:

- 1. Opioid treatment is provided regardless of race, ethnicity, gender, age, or sexual orientation;
- 2. Opioid treatment is provided with consideration for a client's individual needs, cultural background, and values;

5. A requirement that a staff member educate a pregnant client who does not obtain prenatal care services on prenatal care;
6. A requirement that a staff member obtain a written refusal of prenatal care services from a pregnant client who refuses prenatal care services offered by the agency or a referral for prenatal care;
7. A requirement that a pregnant client receiving comprehensive maintenance treatment before pregnancy be maintained at the pre-pregnancy dose of opioid agonist medication, if effective, and that the dosage requirements of R9-20-1005 be applied;
8. A requirement that dosage requirements in R9-20-1005 be followed for a pregnant client's initial and subsequent doses of opioid agonist treatment medication;
9. A requirement that a pregnant client be monitored by an agency medical practitioner to determine if pregnancy induced changes in the elimination or metabolism of opioid agonist treatment medication may necessitate an increased or split dose;
10. A requirement that withdrawal treatment not be initiated before 14 weeks or after 32 weeks of gestation and that a pregnant client receiving withdrawal treatment be referred to a medical practitioner for supervision of withdrawal that includes fetal assessments; and
11. A requirement that a pregnant client discharged from the agency be referred to a medical practitioner and that a staff member document the name, address, and telephone number of the medical practitioner in the client record.

- F.** A program sponsor shall ensure that, if a client is placed in jail, the agency:
1. Makes efforts to obtain approval from the criminal justice system for the continued treatment of the client by the agency while the client is in jail;
 2. If approval is obtained according to subsection (F)(1), the agency continues to treat the client while the client is in jail; and
 3. If approval is not obtained according to subsection (F)(1), the agency's attempts to obtain approval are documented in the client's record.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1011. Preparedness Planning

- A.** A program sponsor shall ensure that:
1. The program sponsor has a written agreement with at least one other agency for the provision of opioid agonist treatment medication to agency clients in the event that the agency is unable to provide services,
 2. An agency has 24-hour telephone answering service, and
 3. A list of all clients and the clients' dosage requirements is available and accessible to agency on-call staff members.
- B.** A program sponsor shall ensure that a written plan is developed and implemented for continuity of client services if the agency is voluntarily or involuntarily closed and:
1. Includes steps for the orderly transfer of clients to other agencies, individuals, or entities that provide opioid treatment;
 2. Includes procedures for securing, maintaining, and transferring client records according to federal and state law; and
 3. Is reviewed and updated, as appropriate, at least once every 12 months.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1012. Client Records

A program sponsor shall ensure that client records are maintained in compliance with R9-20-211 and that each client record includes:

1. The results of the physical examination conducted according to R9-20-1003(C);
2. The results of the assessment conducted according to R9-20-1004;
3. The results of laboratory tests and a description of any action taken based upon the results;
4. Documentation of the client's current dose and dosage history;
5. Documentation of counseling provided to the client;
6. Dates and results of meetings or conferences regarding the client's treatment;
7. Documentation of the process used and factors considered in making decisions that impact a client's treatment, such as whether to allow take-home medication and the frequency of laboratory drug detection tests; and
8. Documentation of the agency's efforts to learn of multiple opioid treatment program enrollment.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1013. Community Relations

- A.** A program sponsor shall ensure that policies and procedures are developed, implemented, and complied with to educate the community about opioid treatment and to promote understanding in the surrounding community and include:
1. A mechanism for eliciting input from the community about the agency's impact on the community,
 2. A requirement that the program sponsor or designee interface with community leaders to foster positive relations,
 3. A requirement that the program sponsor or designee establish a liaison with community representatives to share information about the agency,
 4. A requirement that the agency have information on substance abuse and related health and social issues available to the public,
 5. A mechanism for addressing and resolving community concerns about opioid treatment or the agency's presence in the community, and
 6. A mechanism that addresses getting approval for continued treatment in treatment or care facilities and jails.
- B.** A program sponsor shall ensure that community relations efforts are documented and are evaluated at least once every 12 months.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1014. Diversion Control

A program sponsor shall ensure that a written plan is developed, implemented, and complied with to prevent diversion of opioid agonist treatment medication from its intended purpose to illicit use and that the written plan includes:

1. Policies for how a staff member who diverts medication is held accountable for diverting the medication,

2. A requirement that treatment and administrative activities be continuously monitored to reduce the risk of diversion, and
3. A procedure for stopping identified diversion and for preventing future diversion.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 11. MISDEMEANOR DOMESTIC VIOLENCE OFFENDER TREATMENT

R9-20-1101. Misdemeanor Domestic Violence Offender Treatment Standards

- A.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:
1. The agency's program description includes, in addition to the items listed in R9-20-201(A)(2), the agency's method for providing misdemeanor domestic violence offender treatment;
 2. The agency's method for providing misdemeanor domestic violence offender treatment:
 - a. Is professionally recognized treatment for which supportive research results have been published within the five years before the date of application for an initial or renewal license;
 - b. Does not disproportionately or exclusively include one or more of the following:
 - i. Anger or stress management,
 - ii. Conflict resolution,
 - iii. Family counseling, or
 - iv. Education or information about domestic violence;
 - c. Emphasizes personal responsibility;
 - d. Identifies domestic violence as a means of asserting power and control over another individual;
 - e. Does not require the participation of a victim of domestic violence;
 - f. Includes individual counseling, group counseling, or a combination of individual counseling and group counseling according to the requirements in R9-20-302; and
 - g. Does not include more than 15 clients in group counseling;
 3. Misdemeanor domestic violence offender treatment is not provided at a location where a victim of domestic violence is sheltered; and
 4. Misdemeanor domestic violence offender treatment for a client is scheduled to be completed within not less than four months and not more than 12 months after the client is admitted into misdemeanor domestic violence offender treatment.
- B.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that policies and procedures are developed, implemented, and complied with that:
1. Require a client to complete misdemeanor domestic violence offender treatment not less than four months or more than 12 months after the date the client begins misdemeanor domestic violence offender treatment, unless the agency extends the time for completion of the misdemeanor domestic violence offender treatment;
 2. Establish criteria the agency considers when determining whether to extend the time for a client's completion of misdemeanor domestic violence offender treatment, such as an occurrence of one of the following during the 12 months after the date the client is admitted to misdemeanor domestic violence offender treatment:
 - a. A client serving jail time,
 - b. Illness of a client or a family member of the client,
 - c. Death of a family member, and
 - d. The court requiring the client to complete more than 52 sessions of misdemeanor domestic violence offender treatment.
- C.** Misdemeanor domestic violence offender treatment shall include, at a minimum, the following number of sessions, to be completed after the applicable offense for which the client was required to complete misdemeanor domestic violence offender treatment:
1. For a first offense, 26 sessions;
 2. For a second offense, 36 sessions; and
 3. For a third offense or any subsequent offense, 52 sessions.
- D.** The duration of a session in subsection (C) shall be:
1. For an individual session, not less than 45 minutes and not longer than 60 minutes; and
 2. For a group session, not less than 90 minutes and not longer than 180 minutes.
- E.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that, for each referring court, a policy and procedure is developed, implemented, and complied with for providing misdemeanor domestic violence offender treatment that:
1. Establishes:
 - a. The process for a client to begin and complete misdemeanor domestic violence offender treatment;
 - b. The timeline for a client to begin misdemeanor domestic violence offender treatment;
 - c. The time-line for a client to complete misdemeanor domestic violence offender treatment, which shall not exceed 12 months; and
 - d. Criteria for a client's successful completion of misdemeanor domestic violence offender treatment, including attendance, conduct, and participation requirements;
 2. Requires the licensee that provides misdemeanor domestic violence offender treatment to notify a client at the time of admission of the consequences to the client, imposed by the referring court or the licensee, if the client fails to successfully complete misdemeanor domestic violence offender treatment;
 3. Requires the licensee to notify the referring court or the entity that referred the client to the agency on behalf of the court, in writing, within a timeline established with the referring court or the entity that referred the client to the agency on behalf of the court, when any of the following occur:
 - a. The licensee determines that a client referred by the referring court has not reported for admission to the misdemeanor domestic violence offender treatment program,
 - b. The licensee determines that a client referred by the referring court is ineligible or inappropriate for the agency's misdemeanor domestic violence offender treatment program,
 - c. A client is admitted to the agency's misdemeanor domestic violence offender treatment program,
 - d. A client is voluntarily or involuntarily discharged from the agency's misdemeanor domestic violence offender treatment program,
 - e. A client fails to comply with misdemeanor domestic violence offender treatment, or

- f. A client completes misdemeanor domestic violence offender treatment;
 - 4. Is reviewed by the referring court or the entity that refers clients to the agency on behalf of the court before the agency provides misdemeanor domestic violence offender treatment;
 - 5. Requires that the review required in subsection (E)(4) be documented, to include:
 - a. The date of the review;
 - b. The name and title of the individual performing the review for the referring court; and
 - c. Changes to the policy and procedure requested by the referring court, if applicable;
 - 6. Requires the licensee to contact the referring court or entity that referred a client to the agency on behalf of the court at least once every 12 months after the date the licensee begins to provide misdemeanor domestic violence offender treatment to determine whether the referring court has made any changes in its procedures or requirements that necessitate changes to the licensee's policy and procedure;
 - 7. Is reviewed and revised as necessary by the licensee at least once every 12 months; and
 - 8. Is maintained at the agency.
- F.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that misdemeanor domestic violence offender treatment is provided by a staff member who:
- 1. Is either:
 - a. A behavioral health professional, or
 - b. A behavioral health technician with at least an associate's degree;
 - 2. Satisfies one of the following:
 - a. Has at least six months of full-time work experience with domestic violence offenders or other criminal offenders, or
 - b. Is visually observed and directed by a staff member with at least six months of full-time work experience with domestic violence offenders or other criminal offenders; and
 - 3. Has completed at least 40 hours of education or training in one or more of the following areas within the four years before the date the individual begins providing misdemeanor domestic violence offender treatment:
 - a. Domestic violence offender treatment,
 - b. The dynamics and impact of domestic violence and violent relationships, or
 - c. Methods to determine an individual's potential to harm the individual or another.
- G.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that:
- 1. In addition to meeting the training requirements in R9-20-206(B), a staff member completes at least eight hours of training, every 12 months after the staff member's starting date of employment or contract service, in one or more of the areas listed in subsection (F)(3); and
 - 2. Training required in this Section is documented according to R9-20-206(B)(4).
- H.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a staff member completes an assessment of each client that, in addition to the requirements of R9-20-209, includes:
- 1. Requesting the following information:
 - a. The case number or identification number assigned by the referring court;
 - b. Whether the client has any past or current orders for protection or no-contact orders issued by a court;
 - c. The client's history of domestic violence or family disturbances, including incidents that did not result in arrest;
 - d. The details of the misdemeanor domestic violence offense that led to the client's referral for misdemeanor domestic violence offender treatment; and
 - 2. Determining the client's potential to harm the client or another.
- I.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall ensure that a client who has completed misdemeanor domestic violence offender treatment receives a certificate of completion that includes:
- 1. The case number or identification number assigned by the referring court or, if the agency has made three documented attempts to obtain the case number or identification number without success, the client's date of birth;
 - 2. The client's name;
 - 3. The date of completion of misdemeanor domestic violence offender treatment;
 - 4. The name, address, and telephone number of the agency providing misdemeanor domestic violence offender treatment; and
 - 5. The signature of an individual authorized to sign on behalf of the licensee.
- J.** A licensee of an agency that provides misdemeanor domestic violence offender treatment shall:
- 1. Provide the original of a client's certificate of completion to the referring court according to the timeline established in the licensee's policy and procedure,
 - 2. Provide a copy of the client's certificate of completion to the client, and
 - 3. Maintain a copy of the client's certificate of completion in the client record.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1102. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (K) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 12. LEVEL 4 TRANSITIONAL AGENCY

R9-20-1201. Definitions

The following definitions apply in this Article unless otherwise specified:

1. “Client profile” means documentation of a client’s individual information and goals.
2. “Substance abuse program” means a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous or a peer support group.
3. “Supportive intervention” means interaction between a client and a Level 4 transitional staff member to assist the client in addressing a behavioral health issue, a crisis situation, or another behavioral health need.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1202. Standards for a Level 4 Transitional Agency

A. A licensee of a Level 4 transitional agency shall:

1. Ensure that the licensee complies with this Article and applicable federal, state, and local law;
2. Ensure that a record, report, or document required to be maintained by this Article or applicable federal, state, or local law is provided to the Department as soon as possible upon request and no later than:
 - a. Two hours after the time of a request for a client currently receiving behavioral health services at the agency, or
 - b. Three working days after the time of a request for a client discharged from the agency;
3. Adopt and maintain a current program description that:
 - a. Meets the requirements in R9-20-201(A)(2), and
 - b. Identifies whether the Level 4 transitional agency provides a substance abuse program at the facility;
4. Develop, implement, and comply with policies for a client’s use and occupancy of the Level 4 transitional agency that;
 - a. Ensure the security of a client’s possessions that are allowed on the premises;
 - b. Address smoking and use of tobacco products on the premises;
 - c. Address requirements regarding pets or animals on the premises;
 - d. Ensure the safety of clients;
 - e. Establish requirements regarding clients, staff members, and other individuals entering and exiting the premises;
 - f. Establish guidelines for meeting the needs of an individual residing at an agency with a client, such as a child accompanying a parent in treatment, if applicable;
 - g. Establish the process for responding to a client’s need for immediate and unscheduled behavioral health services or medical emergency;
 - h. Establish criteria for determining when a client’s absence is unauthorized including whether the client:
 - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
 - ii. Is absent against medical advice; or
 - iii. Is under the age of 18; and

- i. Address how the agency will respond to a client’s sudden, intense, or out of control behavior to prevent harm to the client or another individual.
5. Designate a manager who:
 - a. Is at least 21 years old;
 - b. Has one of the following:
 - i. A bachelor’s degree and at least one year of full-time behavioral health work experience or part-time behavioral health work experience equivalent to one year of full-time behavioral health work experience;
 - ii. An associate’s degree and at least two years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to two years of full-time behavioral health work experience; or
 - iii. A high school diploma or a high school equivalency diploma and at least four years of full-time behavioral health work experience or part-time behavioral health work experience equivalent to four years of full-time behavioral health work experience; and
 - c. Has access to all areas of the premises;
6. Ensure that a manager designates in writing a Level 4 transitional staff member who:
 - a. Is not a client who is receiving services from the program for which the client is a staff member;
 - b. Is required to be present at the Level 4 transitional agency and in charge of operations when the manager is not present and clients are on the premises; and
 - c. Has access to all areas of the premises;
7. Ensure that at the time of admission, a client receives written notice of all fees that the client is required to pay and of the Level 4 transitional agency’s refund policy;
8. Notify a client at least 30 days before changing a fee that the client is required to pay by:
 - a. Conspicuously posting a notice of the fee change in the facility, or
 - b. Providing written notification to each client;
9. Develop, implement, and comply with a grievance policy and procedure that includes the steps and timeline for responding to and resolving client grievances;
10. Conspicuously post the following information in the Level 4 transitional agency:
 - a. A list of the client rights in subsection (B);
 - b. The grievance policy and procedure;
 - c. The policies for a client’s use and occupancy of the Level 4 transitional agency;
 - d. The current telephone number and address for:
 - i. The OBHL;
 - ii. The Arizona Department of Economic Security Office of Adult Protective Services or Office of Child Protective Services, as applicable;
 - iii. 911 or another local emergency response team; and
 - iv. A poison control center; and
 - e. The days, times, and locations in the facility for accepting visitors and making telephone calls; and
11. Ensure that the requirements for required reports in R9-20-202 are met.

B. A licensee shall ensure that a client is afforded the following rights:

1. To be treated with dignity, respect, and consideration;
2. To receive services at the Level 4 transitional agency without discrimination based upon race, national origin,

- religion, gender, sexual orientation, age, disability, marital status, diagnosis, legal status, or method of payment;
3. To submit grievances without restraint or retaliation and have grievances considered in a fair, timely, and impartial manner;
 4. To have information and records kept confidential;
 5. To have privacy in correspondence, communication, visitation, and financial affairs;
 6. To review the client's own record;
 7. To be informed at the time of admission of all fees that the client is required to pay and to receive at least 30-day's notice before a change in a fee that the client is required to pay;
 8. To be free from abuse and exploitation; and
 9. To associate with individuals of the client's choice, receive visitors, and make telephone calls during the hours established by the licensee and posted according to subsection (A)(10)(e).
- C.** A licensee of a Level 4 transitional agency shall ensure that:
1. A manager or Level 4 transitional staff member:
 - a. Is at least 21 years old;
 - b. Has current documented successful completion of first-aid and CPR training specific to adults that included a demonstration of the individual's ability to perform CPR;
 - c. Has skills and knowledge in providing a supportive intervention; and
 - d. At the starting date of employment and every 12 months after the starting date of employment, submits one of the following as evidence of freedom from infectious pulmonary tuberculosis:
 - i. A report of a negative Mantoux skin test administered within six months before submitting the report; or
 - ii. If the individual has had a positive skin test for tuberculosis, a written statement from a medical practitioner, dated within six months before submitting the statement, indicating freedom from infectious pulmonary tuberculosis;
 2. There are a sufficient number of Level 4 transitional staff members to meet the requirements of this Article;
 3. At least the manager or one Level 4 transitional staff member is present on the premises when a client is at the facility;
 4. The agency has a daily staffing schedule that:
 - a. Indicates the date, scheduled work hours, and name of each Level 4 transitional staff member assigned to work;
 - b. Includes documentation of the Level 4 transitional staff members who work each day and the hours worked by each; and
 - c. Is maintained on the premises or at the administrative office for at least 12 months after the last date on the documentation; and
 5. For the manager and each Level 4 transitional staff member, a record is maintained that:
 - a. Includes documentation of the manager's or staff member's compliance with the requirements in this Section, and
 - b. Is maintained on the premises or at the administrative office throughout the manager's or Level 4 transitional staff member's period of employment and for at least two years after the manager's or Level 4 transitional staff member's last date of employment.
- D.** A licensee shall ensure that:
1. An individual is admitted into and served by the Level 4 transitional agency based upon:
 - a. The individual's presenting issue and needs, consistent with the services that the Level 4 transitional agency is authorized and able to provide;
 - b. The agency's criteria for admission contained in the agency's program description required in subsection (A)(3); and
 - c. The applicable requirements in federal and state law and this Chapter;
 2. An individual admitted to or served by the Level 4 transitional agency:
 - a. Is not a danger to self or a danger to others; and
 - b. Does not require behavioral health services, medical services, or ancillary services that the agency is not authorized or able to provide;
 3. If a client or other individual does not meet the criteria in subsection (D)(1) or (2), the client or other individual is provided with a referral to another agency or entity; and
 4. Before a client is admitted to a Level 4 transitional agency, the client signs and dates a general consent form.
- E.** A licensee shall ensure that within five days after the date of a client's admission, a written client profile is completed that includes:
1. The client's name and date of birth;
 2. The name and telephone number of:
 - a. An individual to contact in case of an emergency;
 - b. The client's parent, guardian, custodian, or agent, if applicable;
 - c. The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and
 - d. The client's probation or parole officer, if applicable;
 3. The client's reason for seeking admission to the Level 4 transitional agency;
 4. The client's history of behavioral health issues and treatment;
 5. A list of medication the client is currently taking;
 6. The client's medical service needs, including allergies;
 7. The client's substance abuse history and current pattern of substance use;
 8. Whether the client has a physical or other disability;
 9. The client's past and current involvement in the criminal justice system;
 10. The client's goal or desired outcome while living at the Level 4 transitional agency;
 11. The client's intended method of achieving the client's goals while living in the Level 4 transitional agency; and
 12. The client's signature and date signed.
- F.** A licensee may provide a client with a locked area or locked container in which to secure the client's medication if the client:
1. Is independent in self-administering medication and does not require any of the following:
 - a. A reminder to take medication,
 - b. Assurance that the client is taking medication as directed by the client's medical practitioner, or
 - c. Assistance opening a medication container; and
 2. Has access to the client's medication at all times.
- G.** A licensee shall develop, implement, and comply with policies and procedures for storing a client's medication that include:
1. For a client who does not meet the requirements in R9-20-1202(F), compliance with R9-20-408;
 2. For a client who meets the requirements in R9-20-1202(F):

- a. Providing the client with an individual locked storage area that is not accessible to other clients; or
 - b. Storing the medication in a central locked area or container that:
 - i. Is accessible only to a staff member at the agency;
 - ii. Complies with the medication manufacturer's recommendations; and
 - iii. While unlocked, is not left unattended by a staff member;
 3. If medication is stored in a central locked area or container according to subsection (G)(2)(b):
 - a. Storing medication for other than oral administration separately from medication for oral administration;
 - b. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - c. Storing the medication in an original labeled container that, for prescription medication, indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the medical practitioner prescribing the medication; and
 - iv. The date that the medication was prescribed;
 - d. Maintaining an inventory of each medication stored; and
 - e. Inspecting the central locked storage area at least once every three months to ensure compliance with this Section, and documenting of the inspection, to include:
 - i. The name of the staff member conducting the inspection,
 - ii. The date of the inspection,
 - iii. The area or areas inspected,
 - iv. Whether medication is stored according to the requirements in this Section,
 - v. Whether medication is disposed of according to the requirements in this Section, and
 - vi. Any action taken to ensure compliance with the requirements in this Section;
 4. If a client requests, assisting the client in obtaining medication;
 5. How long the agency keeps medication after a client leaves the agency; and
 6. Disposal of medication:
 - a. When required by (G)(5);
 - b. If, at the time of an inspection in subsection (G)(3)(e):
 - i. The medication has expired, according to the date on the medication container label;
 - ii. The label on the medication container is missing or illegible; or
 - iii. Disposal is required by state or federal law or the agency's policy and procedure; and
 - c. That is documented, to include:
 - i. The date of the disposal,
 - ii. The method of disposal, and
 - iii. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed.
- H.** A licensee shall ensure that a client record is maintained that:
1. Meets the requirements of R9-20-211(A); and
 2. Contains:
 - a. Documentation of the client's receipt of a list of the client rights in subsection (B);
 - b. The general consent form signed by the client as required in subsection (D)(4);
 - c. The client profile required in subsection (E);
 - d. The dates the client was admitted to and, if applicable, discharged from the Level 4 transitional agency; and
 - e. Documentation of any telephone, written, or face-to-face contacts that relate to the client's health, safety, or welfare.
- I.** A licensee shall ensure that a facility used as a Level 4 transitional agency:
1. Complies with:
 - a. The fire safety requirements of the local jurisdiction,
 - b. R9-20-406, and
 - c. R9-20-214;
 2. Contains a working telephone;
 3. Contains a common area that is not used as a sleeping area and a dining area that is not used as a sleeping area;
 4. Has a bathroom that contains:
 - a. For every six clients, at least one working toilet that flushes and has a seat and one sink with running water;
 - b. For every eight clients, at least one working bathtub or shower, with a slip resistant surface;
 - c. Lighting;
 - d. Hot and cold running water; and
 - e. An openable window or other means of ventilation;
 5. Has a separate, lockable storage space for each client's personal belongings; and
 6. Has bedrooms that are constructed and furnished to provide unimpeded access to the door and that each provide at least two means of exit in an emergency.
- J.** A licensee shall ensure that:
1. If an agency uses a time out, the agency complies with R9-20-215; and
 2. If an agency uses an emergency safety response, the agency complies with R9-20-216.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

ARTICLE 13. SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE

R9-20-1301. Standards for a Shelter for Victims of Domestic Violence

- A.** A licensee of a shelter for victims of domestic violence shall comply with:
1. R9-20-1201;
 2. R9-20-1202(A) through (G) except for R9-20-1202(A)(4)(i);
 3. R9-20-1202(H)(2) through (H)(6);
 4. R9-20-214;
 5. R9-20-405 (A) and (B);
 6. R9-20-406 (A) and (B); and
 7. The applicable requirements in A.R.S. Title 36, Chapter 30, including requirements for:
 - a. Fingerprinting of personnel according to A.R.S. § 36-3008; and
 - b. Ensuring, according to A.R.S. § 36-3009, that the location of a shelter for victims of domestic violence is not disclosed.
- B.** A licensee of a shelter for victims of domestic violence shall ensure that:

1. The licensee's facility meets the fire safety requirements of the local jurisdiction;
 2. The licensee documents that the facility meets the fire safety requirements of the local jurisdiction;
 3. If the licensee is licensed for four or more beds, the licensee's facility has, on or before July 1, 2005, an automatic sprinkler that complies with R9-20-406(C)(3)(b) or a fire alarm system, installed according to NFPA 72: National Alarm Code (1999), incorporated by reference in R9-1-412(A)(4), with a fire alarm control panel that includes:
 - a. A manual-pull fire alarm system,
 - b. Automatic occupancy notification,
 - c. A smoke or fire detection system, and
 - d. Notification of a local emergency response team; and
 4. If, before July 1, 2005, a licensee's facility does not have an automatic sprinkler or fire alarm system described in subsection (B)(3), a fire drill for staff members and clients on the premises is:
 - a. Conducted at least once every month on each shift, and
 - b. Documented at the agency.
- C.** A licensee of a domestic violence shelter shall develop, implement, and comply with policies and procedures for storing a client's medication that include:
1. For a client who does not meet the requirements in R9-20-1202(F), compliance with R9-20-408;
 2. For a client who meets the requirements in R9-20-1202(F):
 - a. Providing the client with an individual locked storage area that is not accessible to other clients; or
 - b. Storing the medication in a central locked area or container that:
 - i. Is accessible only to a staff member at the agency;
 - ii. Complies with the medication manufacturer's recommendations; and
 - iii. While unlocked, is not left unattended by a staff member;
 3. If medication is stored in a central locked area or container according to subsection (C)(2)(b):
 - a. Storing medication for other than oral administration separately from medication for oral administration;
 - b. Ensuring that a client takes only medication prescribed for the client and that medication is taken as directed;
 - c. Storing the medication in an original labeled container that, for prescription medication, indicates:
 - i. The client's name;
 - ii. The name of the medication, the dosage, and directions for taking the medication;
 - iii. The name of the medical practitioner prescribing the medication; and
 - iv. The date that the medication was prescribed;
 - d. Maintaining an inventory of each medication stored;
 - e. Inspecting the central locked storage area at least once every three months to ensure compliance with this Section, and documenting of the inspection, to include:
 - i. The name of the staff member conducting the inspection,
 - ii. The date of the inspection,
 - iii. The area or areas inspected,
 - iv. Whether medication is stored according to the requirements in this Section,
 - v. Whether medication is disposed of according to the requirements in this Section, and
 - vi. Any action taken to ensure compliance with the requirements in this Section;
 4. If a client requests, assisting the client in obtaining medication;
 5. How long the agency keeps medication after a client leaves the agency; and
 6. Disposal of medication:
 - a. When required by (C)(5);
 - b. If, at the time of an inspection in subsection (C)(3)(e):
 - i. The medication has expired, according to the date on the medication container label;
 - ii. The label on the medication container is missing or illegible; or
 - iii. Disposal is required by state or federal law or the agency's policy and procedure;
 - c. That is documented, to include:
 - i. The date of the disposal,
 - ii. The method of disposal, and
 - iii. The name, signature, and professional credential or job title of the staff members disposing of the medication and the date signed;
- D.** A licensee of a domestic violence shelter shall ensure that:
1. If an agency uses a time out, the agency complies with R9-20-215; and
 2. If an agency use an emergency safety response, the agency complies with R9-20-216.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1302. Repealed**Historical Note**

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R9-20-1303. Repealed**Historical Note**

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R9-20-1304. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1305. Repealed**Historical Note**

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R9-20-1306. Repealed**Historical Note**

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R9-20-1307. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1308. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1309. Repealed**Historical Note**

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R9-20-1310. Repealed**Historical Note**

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R9-20-1311. Repealed**Historical Note**

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R9-20-1312. Repealed**Historical Note**

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R9-20-1313. Repealed**Historical Note**

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R9-20-1314. Repealed**Historical Note**

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ARTICLE 14. RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY

R9-20-1401. Standards for a Rural Substance Abuse Transitional Agency

- A.** A licensee of a rural substance abuse transitional agency shall comply with the requirements for a Level 4 transitional agency in Article 12.
- B.** A licensee of a rural substance abuse transitional agency shall ensure that staffing is provided as follows:
 1. A written memorandum of understanding is established, implemented, and complied with to ensure that immediate contact with a licensed hospital is available to ensure the need for a higher or more acute level of care is determined and transportation is obtained;
 2. A behavioral health professional with specific training or expertise in the diagnosis of substance abuse conditions is present at the agency or on-call at all times; and
 3. A Level 4 transitional staff member is present and awake at the agency at all times who:
 - a. Has current documented successful completion of first-aid and CPR training specific to the populations served by the agency, such as children or adults, that included a demonstration of the staff member's ability to perform CPR;
 - b. Has documented training and skills and knowledge in providing a supportive intervention and in recog-

- nizing and responding to the medical conditions and complications associated with substance abuse; and
- c. Is an emergency medical technician.
- C.** A licensee shall ensure that:
1. A rural substance abuse transitional agency:
 - a. Is open at all times;
 - b. Develops, implements and complies with criteria to determine when emergency transportation is needed; and
 - c. Provides an individual with a written referral to an agency or entity that can provide the behavioral health services or medical services that the individual needs and that the rural substance abuse transitional agency is not authorized or able to provide;
 2. Within 24 hours after a client's admission to the rural substance abuse transitional agency, a Level 4 transitional agency staff member:
 - a. Collects and documents information on the client's medical, social, and substance abuse status and history;
 - b. Consults with an agency registered nurse or behavioral health professional to determine whether the client has a substance abuse problem and, if so, the behavioral health services that will be provided to the client for the period of time that the client is expected to remain at the rural substance abuse transitional agency;
 - c. Develops a written description of the specific behavioral health services that will be provided to the client to meet the client's needs for the period of time that the client is at the agency; and
 - d. Provides a client with an assessment completed by a medical practitioner, registered nurse, or emergency medical technician within 24 hours after the client's admission; and
 3. A client receives continuous supervision, supportive intervention, and periodic monitoring of the client's vital signs to ensure the client's health, safety, and welfare.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (B) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1402. Repealed**Historical Note**

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R9-20-1403. Repealed**Historical Note**

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ARTICLE 15. ADULT THERAPEUTIC FOSTER HOME**R9-20-1501. Management**

- A.** A licensee or manager of an adult therapeutic foster home is responsible for the organization and management of the adult therapeutic foster home and shall ensure compliance with:
1. This Article;
 2. Article 1 of this Chapter;
 3. Applicable federal, state, and local law;
 4. R9-20-201(A)(2)(a) through (c);
 5. R9-20-201(A)(2)(e) through (l);
 6. R9-20-201(A)(2)(n)(iii);
 7. R9-20-201(A)(3);
 8. R9-20-202;
 9. R9-20-203;
 10. R9-20-205(B) and (C);
 11. R9-20-208(B);
 12. R9-20-210;
 13. R9-20-211(A) and (B);
 14. R9-20-212;
 15. R9-20-214(A)(1) through (5);
 16. R9-20-214(A)(7) through (9);
 17. R9-20-214(C);
 18. R9-20-214(D)(1) and (2);
 19. R9-20-214(D)(3)(a), (b), (c), (d), (f), and (g);
 20. R9-20-214(E) through (I);
 21. R9-20-215;
 22. R9-20-216;
 23. R9-20-401(A)(3);
 24. R9-20-403(A) through (C);
 25. R9-20-403(D)(1) through (2);
 26. R9-20-403(D)(3)(a) through (d), (f), and (g);
 27. R9-20-403(D)(4);
 28. R9-20-403(D)(6) through (D)(13);
 29. R9-20-405;
 30. R9-20-406;
 31. If the adult therapeutic foster home is authorized to provide assistance in the self-administration of medication, R9-20-408; and
 32. R9-20-1202(D) through (F).
- B.** A licensee or manager of an adult therapeutic foster home shall have in place and comply with written policies and procedures for:
1. Ensuring the health, safety, and welfare of a client on the premises or participating in an agency-sponsored activity off the premises;
 2. Maintaining client records and information;
 3. Protecting the confidentiality of client records and information;
 4. Reporting and investigating incidents listed in R9-20-202(A);
 5. Ensuring the security of possessions that a client brings to the adult therapeutic foster home;
 6. Smoking on the premises;

7. Ensuring communication and coordination, consistent with the release of information requirements in R9-20-211(A)(3), with:
 - a. A client's family member, guardian, custodian, designated representative, or agent;
 - b. The individual who coordinates the client's behavioral health services or ancillary services, if applicable; and
 - c. Other entities or individuals from whom the client may receive treatment, medical services, or other services;
 8. Responding to a client's medical emergency or immediate need for unscheduled behavioral health services;
 9. Responding to a client's threat of imminent serious physical harm or death to a clearly identified or identifiable individual; and
 10. Addressing how the agency will respond to a client's sudden, intense, or out of control behavior to prevent harm to the client or another individual.
- C.** A licensee or manager of an adult therapeutic foster home shall ensure that the following documents are maintained at the adult therapeutic foster home:
1. The policies and procedures required in subsection (B),
 2. Documentation of fire drills as required in R9-20-214(H),
 3. Incident reports as required in R9-20-202, and
 4. A copy of each client's current assessment and treatment plan.
- D.** A licensee or manager of an adult therapeutic foster home shall ensure that the Department is allowed immediate access to:
1. The adult therapeutic foster home,
 2. A client living in the adult therapeutic foster home, and
 3. A document required by this Article.
- E.** A licensee or manager of an adult therapeutic foster home shall assist a client with following a regional behavioral health authority's grievance and appeal process to resolve a client's grievance.
- F.** A licensee or manager of an adult therapeutic foster home shall ensure that:
1. A toxic or other hazardous material on the premises other than one of the following is stored by the licensee in a labeled container in a locked area other than a food preparation or storage area, a dining area, or a medication storage area:
 - a. Medical supplies needed for a client, such as oxygen, as provided in R9-20-214(A)(7);
 - b. Hand soap;
 - c. Dish soap;
 - d. Laundry detergent; or
 - e. Window cleaner.
 2. In addition to the other requirements in this Chapter, a bathroom contains:
 - a. Paper towels,
 - b. A mechanical air hand dryer, or
 - c. An individual cloth hand towel for each client.

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Repealed under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1502. Licensee Qualifications and Requirements

- A.** A licensee or manager of an adult therapeutic foster home shall:
1. Be at least 21 years old;
 2. Have the authority and responsibility to operate the adult therapeutic foster home according to the requirements in this Article;
 3. Have the behavioral health skills and knowledge necessary to meet the unique needs of a client living at the adult therapeutic foster home, including skills and knowledge in:
 - a. Protecting the client rights listed in R9-20-203;
 - b. Providing the behavioral health services that the adult therapeutic foster home is authorized to provide and the licensee is qualified to provide;
 - c. Protecting and maintaining the confidentiality of client records and information according to R9-20-211(A) and (B);
 - d. Recognizing and respecting cultural differences;
 - e. Recognizing, preventing, or responding to a situation in which a client:
 - i. May be a danger to self or a danger to others,
 - ii. Behaves in an aggressive or destructive manner,
 - iii. May be experiencing a crisis situation, or
 - iv. May be experiencing a medical emergency;
 - f. Reading and implementing a client's treatment plan; and
 - g. Recognizing and responding to a fire, disaster, hazard, or medical emergency;
 4. Have the behavioral health skills and knowledge required in subsection (A)(3) verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);
 5. Have current documented successful completion of first-aid and CPR training specific to adults that included a demonstration of the licensee's ability to perform CPR;
 6. Demonstrate freedom from infectious pulmonary tuberculosis, as required in R9-20-204(H)(2);
 7. Complete at least 24 hours of training every twelve months in the topics listed in subsection (A)(3); and
 8. Receive at least four hours a month of guidance in developing or improving skills and knowledge in providing behavioral health services according to R9-20-205(B) and (C).
- B.** A licensee or manager shall ensure that a personnel record is maintained at the adult therapeutic foster home that contains documentation of the licensee's compliance with subsection (A).

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1503. Supervision

- A.** A licensee or manager of an adult therapeutic foster home shall ensure that a client receives the supervision necessary to:
1. Meet the requirements of this Article;
 2. Ensure the health, safety, and welfare of the client at the adult therapeutic foster home and on an agency-sponsored activity off the premises; and
 3. Meet the client's scheduled and unscheduled needs.
- B.** A licensee or manager of an adult therapeutic foster home shall ensure that a client receives:
1. General client supervision; and

2. Observation, assistance, or supervision in activities to maintain health, safety, personal care or hygiene, or independence in home making activities.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1504. Admission

A licensee or manager of an adult therapeutic foster home shall ensure that, at the time of admission to the adult therapeutic foster home, a client:

1. Gives general consent to admission according to R9-20-208(E)(1),
2. Is provided the information required in R9-20-208(G), and
3. Demonstrates freedom from infectious pulmonary tuberculosis as required in R9-20-401(A)(3).

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1505. Assessment and Treatment Plan

A licensee or manager of an adult therapeutic foster home shall:

1. Only admit a client who has assessment information and a treatment plan that meets the requirements in R9-20-209, and
2. Maintain at the agency a copy of a client's current assessment information and treatment plan.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1506. Client Records

A licensee or manager of an adult therapeutic foster home shall ensure that a client record:

1. Is maintained according to R9-20-211(A);
2. Contains:
 - a. The client's name and date of birth;
 - b. The name and telephone number of:
 - i. An individual to notify in case of an emergency;
 - ii. The client's medical practitioner;
 - iii. The individual who coordinates the client's behavioral health services or ancillary services; and
 - iv. The client's parent, guardian, designated representative, custodian, or agent, if applicable;
 - c. The date the client was admitted to the adult therapeutic foster home;
 - d. The client's general consent to admission, as required in R9-20-1504(1);
 - e. Documentation of receipt of the information required in R9-20-1504(2);
 - f. The client's assessment and any updates to the assessment;
 - g. The client's treatment plan and any updates to the treatment plan;
 - h. Documentation that the client is free from infectious pulmonary tuberculosis, as required in R9-20-1504(3); and

- i. The date of the client's discharge and the name of the individual or entity to whom the client was discharged, if applicable.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1507. Environmental Standards

A. A licensee or manager of an adult therapeutic foster home shall ensure that the premises have:

1. A working telephone that allows a client to make a private telephone call;
2. At least one working toilet that flushes and one sink with running water;
3. At least one working bathtub or shower, with a slip resistant surface; and
4. An individual storage space, capable of being locked, for use by each client.

B. A licensee or manager of an adult therapeutic foster home shall ensure that a client's sleeping area is in a bedroom that:

1. Meets one of the following:
 - a. Is a private bedroom that contains at least 60 square feet of floor space, not including the closet; or
 - b. Is a shared bedroom that:
 - i. Is shared by no more than four individuals;
 - ii. Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
 - iii. Provides at least three feet of space between beds;
2. Contains a door that opens into a corridor, common area, or the outside;
3. Is constructed and furnished to provide unimpeded access to the door;
4. Contains the following for each client:
 - a. Individual storage space, such as a dresser or chest;
 - b. A closet, wardrobe, or equivalent space for hanging clothes;
 - c. A bed that:
 - i. Consists of at least a mattress and frame;
 - ii. Is in good repair, clean, and free of odors and stains; and
 - iii. Is at least 36 inches wide and 72 inches long; and
 - d. A pillow and linens that are clean, free of odors, and in good repair and that provide sufficient warmth to meet the needs of the client; and
5. Contains:
 - a. Lighting sufficient for a client to read;
 - b. To provide safe egress in an emergency, a working door to the outside or an openable window to the outside that is no higher than 20 feet above grade and that:
 - i. Meets the fire safety requirements of the local jurisdiction;
 - ii. Has no dimension less than 20 inches, has an area of at least 720 square inches, and has a window sill that is no more than 44 inches off the floor; or
 - iii. Is large enough, accessible to a client, and within the capability of the client to egress in an emergency; and
 - c. Adjustable window or door covers that provide client privacy.

C. A licensee or manager of an adult therapeutic foster home shall ensure that:

1. The supply of hot water is sufficient to meet:
 - a. Each client's daily personal hygiene needs; and
 - b. The laundry, cleaning, and sanitation requirements in this Article;
2. One of the following is available to ensure that client clothing can be cleaned:
 - a. A working washing machine and dryer on the premises,
 - b. An agency-provided process for cleaning clothing, or
 - c. An agency-provided process for transporting a client to a building with washing machines and dryers that a client can use; and
3. Soiled linen and clothing stored by the licensee are in covered containers or closed plastic bags away from a food preparation or storage area or a dining area.

D. A licensee or manager shall ensure that if a client's bedroom is capable of being locked from the inside, the licensee has a key that allows access to the bedroom at all times.

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3). Amended by exempt rulemaking at 9 A.A.R. 3214, effective June 30, 2003 (Supp. 03-2).

R9-20-1508. Food Services

A licensee or sponsor shall ensure that:

1. The meals and snacks served meet a client's nutritional needs based upon the client's age and health;
2. The meals and snacks served include a variety of foods from each food group in the Food Guide Pyramid, incorporated by reference in R9-20-301(C)(1);
3. At least a one-day supply of perishable food and at least a three-day supply of non-perishable food are maintained on the premises;
4. If a client needs a therapeutic diet, the requirements in R9-20-407(B)(10) are met; and
5. Food is obtained, prepared, served, and stored according to R9-20-407(C).

Historical Note

New Section made by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 16. REPEALED

R9-20-1601. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1602. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993

(Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1603. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective October 23, 1992; received in the Office of the Secretary of State November 9, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 17. REPEALED

R9-20-1701. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1702. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1703. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1704. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1705. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1706. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1707. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1708. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1709. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors in subsection (B)(9) and (10) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1710. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1711. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1712. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in paragraph (6) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1713. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 18. REPEALED**R9-20-1801. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1802. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1803. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1804. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1805. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1806. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency errors in subsections (D)(1)(d) and (D)(2) corrected pursuant to letter received in the Office of the Secretary of State October 8, 1993 (Supp. 93-4). Agency errors in subsections (D)(1)(d), (D)(2), (E)(2) and (J) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1807. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Punctuation error corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1808. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1809. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1810. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1811. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Agency error in subsection (C)(5) corrected pursuant to letter received in the Office of the Secretary of State October 19, 1993 (Supp. 93-4). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1812. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1813. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1814. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1815. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by

exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1816. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-1817. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6 pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

Exhibit A. Repealed

Historical Note

Exhibit repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

ARTICLE 19. REPEALED

Part A. Repealed

R9-20-A1901. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-A1902. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

Part B. Repealed

R9-20-B1901. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1902. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1903. Repealed

Historical Note

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by

exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1904. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1905. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1906. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1907. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1908. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).

R9-20-B1909. Repealed**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Ch. 275, § 12, effective March 13, 1996 (Supp. 96-1). Section repealed by exempt rulemaking at 7 A.A.R. 4439, effective October 3, 2001 (Supp. 01-3).